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SENATE FISCAL AGENCY MEMO RE: BUDGET (1-25-07)

JAN HUDSON (MICHIGAN LEAGUE FOR HUMAN
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MICHIGAN'S BUDGET CRISIS

DHS ORGANIZATIONAL CHART

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STATE RESOURCES

Long Term Care Supports and Services Advisory Commission
Executive Committee Conference Call Notes
March 5, 2007

Participating in the conference call were Andrew Farmer, Chris Chesney, Jon Reardon, Hollis Turnham, Maureen Sheehan, Jane Church, Gloria Lanum.

1. CDC Grant Support Letter: The DCH Chronic Disease and Injury Control Division is submitting proposal to US Center for Disease Control regarding *Projects for Preventing Secondary Conditions and Promoting the Health of People with Disabilities*. Executive Committee were asked to approve letter drafted by RoAnne Chaney which makes a commitment to:
 - a. participate as a member of the Project's advisory council,
 - b. participate in activities to promote health of people with disabilities and prevent secondary conditions
 - c. monitor activities in accordance with task force recommendation #5.

Executive Committee agreed to send letter as written. Andy will forward file to office for finalization and distribution.

2. Letters to Michigan Legislature re: FY 07 budget cuts and FY 08 budget: Discussed advisability of sending one letter for each issue or combining issues into one letter. Agreement that properly spaced letters is a good advocacy strategy, however, there was also concern that sending two letters so close together might confuse the messages. Budget discussions are moving in a way that holding off is not advised; there is a sense of urgency. The draft under discussion melds three separate letters into one, strikes balance between the issues, and provides for adequate specificity.

Agreement that letter should be sent as revised. Hollis will make changes and forward to office for finalization and distribution. Letter will be sent individually addressed to each legislator. Office staff will design and utilize a letterhead template that identifies each Commission member and his/her hometown. Letters will be signed via Andy's electronic signature and mailed this week. Provide copies to each Commissioner with cover e-mail explaining how they might use the letter in their local advocacy efforts.

3. Retreat Feedback: Executive Committee members felt meeting was productive, and that Commissioners demonstrated a sense of purpose

and desire to be more focused. There was a commitment made to revisit the roles and responsibilities discussion as well as discuss structural/capacity issues (does Commission involve stakeholders in workgroup activity) at the March meeting. Andy will look at his notes and develop a strategy for the short-term, while identifying other longer term issues. There was agreement that the Commission is at least one meeting away from gearing up workgroups/subcommittees to work on issues.

Chris suggested developing a grid based on the "bubbles" to demonstrate where each has a role and where roles intersect. She will go ahead and draft something. Andy will distill his thoughts into policy, positions, operating guidelines and circulate for feedback. The result will be a rough draft that conglomerates issues into a single document.

4. Next Meeting Agenda: Priority for the next meeting will be to review operating guidelines. Commission is unable to set priority/direction until environmental scan is completed. Priorities are obvious: ensure a comprehensive array of services, and ensure SPEs are funded and supported. Andy will seek the advice of Dohn Hoyle on how Commission should proceed with priorities as he facilitated that group during the retreat. A conference call will be held at 9:30 a.m. on Monday March 12 to follow up on operational guidelines and finalize agenda items. Dial-in #866-844-4957, Passcode: 9656170#.

Long Term Care Supports and Services Advisory Commission
Executive Committee Conference Call Notes
March 12, 2007

Participating in the conference call were Andrew Farmer, Chris Chesney, Jon Reardon, Hollis Turnham, Jane Church, Gloria Lanum.

1. Discussion of Draft Operational Guidelines: Andy questioned whether the concepts are right in the four draft operational guidelines circulated to Executive Committee members for review and comment. It was agreed some additional editing would be done and documents sent in final draft version with the Commission mailing.

2. March Agenda:
 - Agendas will include a standing agenda item to address immediate, hot topic issues (e.g., budget cuts) as well as a monthly update from the Director of the OLTCSS. Agreement that it's time to start the finance discussion.
 - The March meeting will focus on internal organization grouped by functions discussed at retreat: operations, advocacy, monitoring/evaluation. Mailing will be on Monday March 19. Any documents to be included in the mailing must be finalized and sent to the OLTCSS by Friday, March 16.
 - Packet will include agenda, the four draft operational guidelines, a draft of the proposal for prioritizing work activities (from Dohn Hoyle's group at the retreat), another copy of the budget letter sent to the legislature on March 7th with Andy's cover e-mail, and information on advocacy efforts by the Medicaid Advisory Commission to support revenue enhancement via service sector taxes, a Senate Fiscal Agency analysis of potential cuts.

Andy will share distribute a draft agenda and reiterations of operational guidelines by Wednesday, March 14.

LONG-TERM CARE
SUPPORTS and SERVICES
ADVISORY COMMISSION
RETREAT

FEBRUARY 26 AND 27, 2007

HOLIDAY INN WEST
LANSING, MICHIGAN

Follow-Up Coming Out of the Commission Retreat

These items are referred to the Chair for follow up, with Executive Committee support:

1. Review the list of Office/Commission relationship questions and feedback and determine the best approach to gain answers, including clarification regarding which fall within Commission's charge and which are Office management issues, and what needs to be referred beyond the Office. Follow up with Mike Head to prepare a response and report for Commission members. *(See p. 4-6)*
2. Draft 07/08 plan/Commission direction for March Commission meeting
3. Develop response process for public comment.
4. Clarify Commission's role in system and how this impacts its approach in responding to individual complaints
5. Develop proposal for methods/approach running effective meetings including meeting purpose and desired outcome
6. Determine action to educate Commissioner's on SPEs (status update).
7. Address items raised at the retreat that were not on the agenda so they were put in the "parking lot."
 - Clarify Executive Committee functions and composition. Will it be composed of workgroup chairs?

Mike Head also committed to check with Janet O. re: whether legislators can be invited to participate in the Commission workgroups, and if so, what the procedures area. Dohn will provide Mike with further clarification of the request.

LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION RETREAT – February 26-27, 2007

Holiday Inn West, Lansing

I. Welcome and Review of Agenda, Groundrules, Logistics

Commissioners were welcomed to the retreat by Marsha Moers, who has served as Chair for the past year, and Andy Farmer, who will be taking on the Chair role in the coming year. Andy thanked Marsha for laying a strong foundation for the Commission and organizing the retreat.

Maureen Sheahan, the Paraprofessional Healthcare Institute Michigan Practice Specialist, facilitated the retreat as a volunteer recruited by Commissioner Hollis Turnham. She was joined by co-facilitator Peggy Brey, Deputy Director of the Office of Services to the Aging, who also donated her time.

After reviewing the agenda, Maureen presented suggested groundrules for the retreat and asked Commissioners if they agreed with them, had any additions, and were willing to abide by them, and support her in upholding them. They agreed to the list as presented:

- Create a safe mutually supportive space
- Listen for understanding
- Speak about issues, not individuals
- Questions are great, there are no stupid questions
- Everyone participate, no one dominate
- No side conversations or cell phones, please
- Everyone facilitate so we stay on track

II. Introductions – Pair Exercise

Commissioners were asked to find another Commissioner who had a word that paired naturally with the one inside their table tent. In pairs, Commissioners interviewed their partners by asking the following questions, and then the partners introduced one another to the full group:

1. *What is your background that led you to a role on the Commission?*
2. *What is your earliest memory of interacting with disability or a person with a disability? How did it feel and what was its impact on you?*
3. *What was your most emotionally powerful experience with an elder needing long-term care? Please describe.*
4. *Have you ever had to navigate the long term care system for yourself or a loved one? Please describe.*

Commissioners appreciated the opportunity to learn more about one another and each other's backgrounds.

III. **Building a Strong Relationship with the Office of Long Term Care Supports and Services**

Presentation by Mike Head -- Mike reviewed a series of documents that the Office had prepared to address the questions raised in the Commissioner survey, including:

- A slide show overview, including:
 - Charges to the Office and the Commission
 - Talking points
 - An overview of the inter-relationship of the Charges to the Office and Commission
 - How the Office can help make Commission meetings work and support the Commission in other ways
 - An Office staff overview
 - A listing of all grants and projects the Office is currently working on
- A handout covering the assistance that the Office can offer the Commission, along with a procedure for how the Office would like Commissioners to contact it – through Gloria Lanum
- A memo outlining employees currently working at the Office, positions which still need to be established, and a staff structure overview
- A memo detailing all federal grant projects that the Office is working on

Commissioners' Response: After Mike's presentation, Commissioners broke in small groups to brainstorm any questions regarding what was presented or about additional information they'd like, as well as any comments, suggestions or concerns they might have. Then they reported out their discussion, which led to the following set of points, the first two of which were answered immediately:

Office/Commissioner Day-to-Day Communication:

1. *Who do Commissioners call with questions, ideas (when acting as Commissioners)?* Mike referred everyone to the handout noted above, identifying Gloria Lanum as the contact for information. Mike hopes that Commissioners will understand that the Office staff are stretched thin, and having one point of contact will manage work more effectively and ensure that Commissioners are getting accurate up-to-date information.

Commissioners are also encouraged to contact the Chair, Andy Farmer, especially with issues and concerns, as he is the Commission's liaison to the Office.

Office Operations:

2. **Long-Range Plan:** *Does the Office have a long-range plan? Is the LTC report required of the Office a plan? Commissioners would value seeing such a plan.*
3. **Consolidating LTC:** *Is there an effort to consolidate all LTC activities and functions? (Regulatory, policy, funding, licensing). If not, how is the Office working to coordinate?*
4. **Policy:** *Liked "bubbles," and summary provided, but I need clarification of Office responsibility listed as #3. What State departments and agencies LTC policy is being tracked, and what ought to be Commission priorities for working with them based on the recommendations? Which state agencies are responsible for which policies?*
5. **Quality:** *We would like more information to clarify role of Office in quality across the array of LTC services, and to consider how to elevate the issue.*
 - *What preliminary steps have been done?*
 - *What quality reports are available and can be used?*
 - *What is the Office's capacity to deal with quality in view of short staffing?*

Staffing:

6. *Ideally, what staffing would be needed to effectively tackle what the Office is charged to (compared to what is planned)?*
7. *There's not a deep bench within OLTCC with experience in facility-based LTC. Are there opportunities to recruit staff with this background?*
8. *How can the Office best connect to DLEG? Should there be a workforce staff person on the Office staff?*
9. *Need clarification on staffing plan. When will open positions be filled? Should be OK by September 2007 with State employees, plus contractors*

Reporting to Support Office and Commission in Complementary Roles:

10. *Can the Commission get more regular updates on Office work such as grant status reports? The Office will share Consumer Task Force updates.*
11. *Can the Office delineate roles and relationships within Mike's "bubbles"? What does it look like what the Commission acts within a domain and what does it look like when it's the Office?*
12. *Can we get reports that crosswalk grants and other projects directly to the Task Force Recommendations?*
13. *Please put all Commissioners on the Medicaid LTC policy proposals' comment list, and check if there can be a subset for LTC, or whether the comment list is provider specific.*

Collaborating on Work:

- 14. *How can the Office assist the Commission in responding to public comment and engaging in public planning?*
- 15. *How does the Commission participate in policy? What is the Office’s role? How to implement this?*
- 16. A Commissioner noted that Mike has said that the number of Medicaid policy staff (approximately 6) outnumbers the LTC office policy staff, and this is a concern. Clarification about this would be helpful.
- 17. *How can the Commission help the Office, both individual commissioners and collectively? ...with short term needs and long term needs?*

IV. How Does the Commission Provide Leadership from the Advisory Position?

Sarah Slocum introduced this activity by explaining that sometimes people felt that the Commission was limited by its Advisory nature. She asked Commissioners to identify the opportunities they saw in being an Advisory Group as well as the challenges. This generated the list below.

The Commission as an Advisory Body:	
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none">▪ Input can/is provided based on background/expertise▪ Opportunity for consensus building over a wide variety of parties▪ Take input from external parties and being back to the Commission▪ Opportunity to give advice▪ Authority has to be gained through leadership without absolute executive authority▪ Influence has state pursues LTC▪ Freer to focus on ideals and vision vs. shutdown be reality▪ Get broad public input, this allows getting this input▪ Can see ourselves broader than a Commission (larger public input)▪ Can have a louder voice	<ul style="list-style-type: none">▪ Finding common language/understanding▪ Nobody has to do what we say▪ Have to build authority to move our goals through our own leadership▪ How Office is able to do work may not match Commission priorities (may be ahead of Commission)▪ Being ignored, disbanded, or sabotaged▪ How to be loud and assertive▪ How to get broad public input

RoAnne Cheney suggested that the Advisory role allowed the Commission to think ambitiously, and she quoted a strategic planning speaker from a Robert Wood Johnson Foundation sponsored event. *"If you set goals low or realistically," you may attain them but will be very far from your vision; if you set your goals high, just beyond reach and you will get far closer to your vision."*

After this discussion, Andy Farmer expressed how glad he was that Commissioners had a positive view of the potential, because he wanted to help it continue to grow into being foremost state-wide public long-term care advocate, with a bold vision -- not of supporting and monitoring what can be done by the Office, but by envisioning what can be done by all the public and private resources available and leveraging those resources on behalf of implementing the Recommendations. He shared a 4-page handout that outlined his proposal that the Commission conduct its work primarily through Public Work Groups. His handout also suggested that the "Executive Committee" be renamed the "Executive Council," and new approaches and responsibilities for it. Discussion of the ideas was tabled till after the Retreat.

V. Setting Course for the Next Year to Carry Out Commission's Mission –

Commissioners spent the next 1.5 hours working some time in each of four small groups organized by the work areas below to answer these questions:

- *What ought to be the Commission's priority(s) in the coming year? ...in 2008?*
- *What strategies will be most successful in achieving these goals?*

A summary of the discussion follows, as reported out by the Commissioners who volunteered to lead and facilitate each group.

Commission Work Areas:

a. Advocacy, Participation and Education – Led by Marsha Moers

PRIORITIES:

- Promote the expansion of funding for LTC choices including MIChoice, Assisted Living, and Home Help
- Engage the public in LTC issue awareness
- Engage the media in LTC Task Force Report and Commission

STRATEGIES:

- i. Organize as an advocacy infrastructure
- ii. Establish a Commission Advocacy and Public Education Committee
- iii. Identify audiences for the messages
- iv. Identify and educate change agents ("influencers"), e.g. Who do legislators listen to - opinion leaders

- v. Identify stakeholders and professionals
- vi. Develop a targeting plan
- vii. Develop a statewide advocacy team of people
- viii. Sell to each other
- ix. Educate each other
- x. Develop an action plan
- xi. Develop a process to manage and follow-up action for public testimony at the Commission
- xii. Invite media to Commission meetings
- xiii. Create an event to invite the media to
- xiv. Develop a standard communication piece (brochure) re: LTC Commission, Task Force Recommendations, frame the issue of LTC
- xv. Organize to give presentations at conferences
- xvi. Conduct a resource inventory among Commission members
- xvii. Brand the Commission and its public accountability through a permanent structure focused on this aspect
- xviii. Hold public hearings around the state

b. Policy and Work Planning to Implement Task Force Recommendations – Led by Dohn Hoyle

This group had the most challenge in carry out its task. Dohn captured the debates and discussion by noting that the first round of discussion had led people to say that the priorities among the Task Force Recommendations ought to be: Person-Centered planning; Money Follows the Person; Single Point of Entry; and Strengthening the array of services, including building and sustaining a workforce.

However, when another group of Commissioners reviewed this, they felt that another way of looking at the recommendation was necessary.

(1) Implementing person-centered planning and (2) adopting *money follows the person* principles so that consumers could receive high quality services where and how they wanted them were the goals of all activities. (3) Establishing “Single Point of Entry” agencies; (4) Strengthening the array of services and supports; (5) Supporting, implementing, and sustaining prevention activities; (6) Promoting consumer participation and education; (7) Establishing a new Quality Management System; (8) Building and sustaining great workforce teams; and (9) Adopting financing structures that maximize resources, promote consumer incentives, were the strategies for achieving these goals.

Money Follows the Person is based on the Person-Centered plan access to a full array of services through the single point of entry.

Task Force Recommendations #3 and #9 go together because SPEs will be judged based on financing. Recommendations #2 and #3 are linked because SPEs are needed to accomplish Money Follows the Person.

A related priority is for the Commission to provide input to waiver renewal process

STRATEGIES that were brainstormed by the group included:

1. Waive rules in SPE areas to allow for real experimentation
 - No nursing home beds
 - No waiver slots
 - Money in a single bucket
 - Based on what consumer wants
2. New policy - beds banked, if beds are not used for six months, they are gone and no longer available.
3. Rolled up LTC line in budget
4. Close bad performers

During the report out, the following points were raised:

We need to focus on all Task Force Recommendations, with the guiding “principles” of money follows the person and person-centered planning) as the drivers, and then to create strategies with the principles in the mix

Next Steps

- Consider SPE recommendation first
- Review/analyze the remaining Recommendations
 - Prioritize (not necessarily what’s important but what is doable)
 - Be certain to weave in the principles and other Recommendations
- Assign workgroup to conduct the analysis/scan of all work being done to advance the recommendations – in and out of State government
- Consider including others - content experts (outside of the Commission) to assist with the scan
- Re: prioritization - prioritize within each recommendation in terms of tactics. Do not prioritize the Task Force Recommendations but rather their tactics

- c. **Monitoring and Evaluating Quality of Current Activities and new Initiatives to Implement Task Force Recommendations** – Led by RoAnne Chaney

1. Commission should review summaries of surveys, satisfaction surveys, and audits, across the array of services (including skilled nursing facilities, adult foster care homes, homes for the aged, MIChoice, home health agencies, home help, and hospice). As it reviews them, it can explore:
 - i. What changes are envisioned in how quality is currently monitored (life and services)?
 - ii. Where are there problems now in current quality monitoring processes? (views of different stakeholder groups)
 - iii. How do we educate and involve consumers about quality issues?
 - iv. How do we incorporate consumer values and input into quality evaluation?
 - v. What benchmarks should the Commission recommend on quality measurement?

Armed with this information and these answers, the Commission can focus on promoting quality change across the array.

STRATEGIES:

1. Devote Commission time to assessment of current and future quality status (ongoing)
2. Devote an expanded task force-style work group to quality
3. Presentations to Commission on items 1, 2, and 3
4. Work group then charged with planning implementation of 4, 5, and 6
5. April/May - Sarah, Chris, and RoAnne provide summary from 1. Other resources include Mike Darkert, Deborah Woods, and Pam McNab
6. Presentation to Commission on culture change and person-centered planning from nursing facilities, direct care workers (PHI) and consumer/advocates (Chris)

In discussion during the report out, the following points were raised:

- We want a system that has more consistency across silos in State government and other systems re: quality indicators
- We need to engage consumer input on quality
- The Commission needs to set benchmarks for quality
 - Increase attention on quality at the Commission meetings
 - Have a dedicated workgroup in the Commission

- d. **Addressing Other Issues Beyond the Recommendations**, e.g. Information Technology and Data Management and Analysis – Led by Jon Reardon

- How can mental health issues be brought into array of services (though it's not a priority)
- Learning from success/failures from the mental health system transformation (strategy - data from all stakeholders involved)
- How we use and gather data and how can this be improved. Update abilities to gather data that relates to consumer needs (2008). Strategy - use CMS technical staff
- Federal government (CMS, Medicare, Social Security, Veterans, Administration on Aging) roles and effect on State's future
- Is there a relationship between Task Force Recommendations and county LTC millages (facility/community service funding)
- How will current LTC facilities transform into future: what are the needs and expectations
- Are we looking far enough into the future (10-15 years)? How will private/public dollars fund services to an expanded consumer base, into desired multiple choices of services.

In discussion during the report out, the following points were raised:

- Focus on one issue - Items missing from the report (in workgroup reports but did not make it to the final Task Force report)
 - Integrate federal programs
 - Address funding streams missing from report such as county millages (With caution - rich/poor counties, problematic if not used as match). Action - research this possibility, look at models, assess feasibility.
 - Need to look at now (how many people need services or have disabilities. Need this data to enable to plan beyond those currently in the system)

VI. **Janet Olszewski**, Director of the Department of Community Health

Commissioners took a break from their strategic planning work to have an open discussion with Director Olszewski, who asked Commissioners for questions and comments. Here are some highlights.

What do you and the Governor hope for from the Commission?

How to operationalize the Task Force Recommendations and ongoing advice on whether what's been implemented is working well.

How can the Commission help ensure that the Governor's proposed budget is passed?

Each week that passes is dangerous and adds to the risk. Departments are already in debt, and without implementation of the budget proposals, they will

get deeper in debt. New revenues, restructuring and programming cuts are all needed to make ends meet and fulfill the hopes for the long-term care budget. Anything the Commissioners can do to help the Legislature take quick action is welcome.

What's the status of the Michigan First Health Care Plan?

State officials are meeting now with the federal Secretary and hoping for support.

How does it work that the Office will coordinate all State LTC activities?

There is an Inter-Agency Directors' Group that is one vehicle for doing this, but all of the Directors are overwhelmed given current conditions and the fiscal crisis. However, there are great Directors – in Housing, at DLEG, and other departments – who are very interested in the coordination.

What kind of concrete proposal from us would be helpful?

Proposals that address what initial steps the government can take to be on the right path for long-term care issues would be very useful. Also... What can be done quickly? What be done without additional funding?

VII. **Day 2 Welcome, Review, and Opening Exercise**

The second day of the retreat began with introductions by Commissioners in which they noted one important lesson or understanding they'd taken away from day one, and shared a quote from among a variety offered and explained why they liked it.

Maureen then reviewed **Day I Accomplishments**.

1. Clarified Office work and relationship to Commission and Identified additional questions.
2. Confirmed Commission's potential as an Advisory Group
3. Came to know one another more fully
4. Had preliminary exploration of priorities and strategies as Charge and Recommendations were reviewed.
5. Heightened understanding of need for clarification re: roles and processes

She next checked in with the planned **Second Day's Goals and Purposes**, which Commissioners confirmed as appropriate:

1. Hear and briefly discuss priorities and strategies (the report outs above from the four work area groups)
2. Clarify and gain consensus on roles and infrastructure proposals
3. Decide on next steps to move retreat outcomes forward
 - Clarification of Office questions

- 2007/8 priorities and plans
- implementing infrastructure agreements, roles, meeting processes

VIII. **Strengthening the Commission's Processes and Charter to Support the 2007 Goals and Plans**

a. **Education and Development Opportunities for Commissioners –**

Hollis Turnham distributed a one-page proposal that defined it as the Executive Committee's responsibility to coordinate and organize education opportunities for Commissions, and all Commissioners' responsibility to identify needs, contribute expertise, and share information about opportunities they know of.

b. **Work Groups**

Based on Andy Farmer's presentation on Day 1, and discussion by the Retreat Planning Group after the session, Maureen offered the highlights of a proposal for the role of Work Groups in future Commission Work.

1. Work Groups would be the central way Commission work gets done (with reports to full Commission to ensure coordination and oversight)
2. Commission scans work currently being done, through the lens of established 2007 plans and priorities (sequencing).
3. The Commission determines which Work Groups to form, which among groups already in action to adopt and support and leverage in order to build the most capacity possible
4. Commission defines a clear charter (charge) for each Work Group, with:
 - Roles and responsibilities
 - Membership (which will include public participants who could bring value, passion and resources to the work)
 - Expectations re: outputs/reporting
 - Timeframes for expected outcomes

After this outline was presented, and Commissioners generally concurred, we had an open discussion and brainstorming of ideas.

- Mike Head noted that the Office's capacity to staff Work Groups is limited
- It is important not to duplicate the work of the Office
- For Finance Work Group, invite legislative representation (Mike H. to check on), disability caucus, MSA Staff
- Part of Work Group's purpose must be to educate, bring along members

- We need to scan groups beyond LTC community, including women's groups, junior league, business and professional societies
- We ought to engage geographically diverse participation, and use technology to enable this as much as possible
- Ensure effective reporting and communication across Work Groups and to the full Commission. Note DLEG model of pre-council Committee Chair "Alignment" meetings to ensure coordination (this is for those members on workgroups to update the chair)
- Some Work Groups will be permanent and ongoing, some will be ad hoc, based on charge and/or timeline
- We need to be very clear about endorsed decisions versus discussion that does not reflect decisions approved by the Commission
- All workgroups have Commissioner member, preferably as chair or co-chair. (If this is an existing workgroup, then the Commissioner is only a member)
- What's the lens through which we would conduct the scan? We must have clarity on the Commission's 2007/8 plan/direction first
- We need to scan our own prior work, too.
- What is the size of the workgroups? Are they open to all at meeting or could process for including layers of membership?
- We will need to maximizing our facilitating skills, and ensure we have someone attending Work Groups who can attend to it
- We also need to consider logistics for the Work Groups (good and accessible rooms to meet at locations with nearby parking, etc.)

c. **Roles and Responsibilities**

All Commissioners were given post-it notes and asked to identify three responsibilities they expected All Commissioners to fulfill, three additional responsibilities they also expected Executive Committee members to fulfill, and then three more they expected the Chair to also fulfill. Commissioners posted the notes on flip charts, where they were organized into major categories as follows.

All Commissioners are Expected to Fulfill the Following Roles and Responsibilities:

1. **Become knowledgeable about Long Term Care and invest in the work to stay current with issues and activities:**
 - Review and monitor implementation of Task Force Recommendations
 - Learn about the various aspects of Long Term Care

- Stay current with what work the Office is doing
 - Do homework to prepare for meetings – review information and be prepared to discuss
2. **Serve as an effective representative of the Commission in your community, with your constituency, and State-wide:**
- Be an effective, visible and vocal advocate for LTC reform and quality
 - Inform your own constituency/organization about Commission activities and results
 - Promote effective public education about LTC reforms
 - Listen to consumers, the public, and other Commissioners. Ask questions to better understand issues.
 - Respond to the public’s comments in a unified way, with agreed upon and planned messages
 - Be a conduit for communication between LTC agencies in your own community and the Office and Commission
 - Visit LTC settings – with consumers’ invitation – to observe what is happening a few times per year or more
3. **Play a valuable role on the Commission and its initiatives, and at Commission meetings:**
- Participate in all Commission meetings and special events and be very active in at least one Work Group or Committee (and Chair Work Groups or Committees as needed)
 - Prepare for meetings – read materials, prepare for role.
 - Learn Commission’s Charge, by-laws, policies and procedures.
 - Speak at commission meetings and events – actively support or oppose decisions and advisory recommendations, propose solutions to roadblocks
 - Use the Commission meetings to publicly speak to forwarding the achievement of Task Force Recommendations
 - If you are unable to attend a Commission meeting, send Commissioners comments in advance. You may send a representative, but s/he will have no voting or sit at table.
 - Provide/share information with Commission based on your own expertise
 - Maintain awareness of, and give input to, the Executive Committee.

- Support the Chair and be responsive to requests for communication and assistance.
- Share expertise in one or more areas of the Task Force Recommendations
- Help find and bring resources to the Commission

In Support of, at the Direction of, and in Coordination with the Chair, Executive Committee Members are Asked to Facilitate the Work of the Commission and its meetings and activities.

Executive Committee Members are Expected to Fulfill Various Responsibilities in Addition to Those They Assume as Commissioners. These may include:

1. Facilitate the Commission’s progress between meetings

- Review Commission plans and activities and develop proposals to advance implementation of the Task Force Recommendations
- Maintain familiarity with all Work Groups’ charges and activities
- Evaluate function of the Commission and problem solve issues that arise
- Respond to threats and opportunities between meetings
- Obtain input from all Commissioners and public, as appropriate to advance progress

2. Coordinate Commission Work Groups

- Create and oversee mechanism to scan environment for LTC-related Working Groups
- Develop Work Group charges
- Facilitate, monitor and coordinate Work Groups – membership, meetings and communication
- Monitor Work Groups and assure alignment with Task Force Recommendations
- Keep Work Groups and Committees aligned with Chair
- Synthesize the work of the workgroups

3. Plan Commission Meetings

- Develop agendas that focus on Commission’s charge, prepare contributors for role in meetings, and coordinate planning with Office
- Encourage/foster discussion at Commission meetings and ensure that decisions are clearly reached

4. Align the work of the Commission and its Work Groups with the work of the Office

- Serve as the main conduit between the Commission and Office
- Communicate effectively with the Office

5. Ensure Effective Commissioner Relations and Engagement

- Be responsive to input from the rest of the Commission
- Keep in communication with Commissioners, address concerns, gain input on planning and activities, solicit support and ideas, and facilitate their involvement in work
- Organize education and develop opportunities for members of the Commission and Office as needs are identified
- Collect information on LTC-related community events and keep Commissioners informed
- Keep all members involved and informed

The Chair leads the Work of the Commission and its meetings and activities.

The Chair is Expected to Fulfill Responsibilities Inclusive of those of all Commissioners and the Executive Committee, and additionally:

1. Provide leadership and direction to achieve Commission's goals and ensure activities achieve Task Force Recommendations

- Have vision for Commission progress and set Commission agenda and priorities
- Communicate vision, priorities and hopes to Commissioners
- Analyze fiscal matters that impact the Commission and communicate implications to Commissioners and other stakeholders
- Demonstrate personal accountability and commitment to, as well as faith in, Commission's work and Commissioners
- Keep Commission on task and focused on implementing Task Force Recommendations
- Motivate the Commission for progress
- Establish effective Commission operations (e.g., call for election of other officers, develop policies and procedures)
- Appoint Work Groups, Chairs, and make charges
- Delegate tasks as necessary and monitor follow through

2. Convene and oversee work of Executive Committee

- Appoint Commissioners to Executive Committee
- Lead the Executive Committee in its work to meet its charge
- Monitor Executive Committee's work and address challenges

- Demonstrate personal accountability for Executive Committee

3. Call Commission Meetings as Needed and Ensure their Effectiveness

- Conduct productive meetings with wide spread participation, including by drawing out and engaging less vocal Commission members
- Set final meeting agendas
- Overcome roadblocks that are encountered

4. Ensure Effective Commission Communications and Relations with Public

- Serve as prominent (but not necessarily only) spokesperson of the Commission
- Act as a public spokesperson of the LTC Task Force Recommendations and LTC reform
- Listen to the public and develop appropriate Commission responses
- Write correspondence on behalf of the Commission
- Represent the Commission at hearings and other events
- Inform the DCH Director and Governor of Commission progress and advocate on behalf of Commission work and goals

5. Ensure Effective Commissioner Relations and Engagement

- Get input from all Commissioners
- Look out for well being of Commission and Commissioners
- Lead Commission members to active participation
- Build relationship with each member of the Commission
- Demonstrate personal accountability for individual relationships with Commissioners

6. Align Commission with the work of the Office and other State Departments

- Serve as the main liaison between the Commission and Office and other State Departments
- Communicate effectively with the Office
- Work with Office staff to prepare for meetings and special events
- Be personally accountable for Commission relationship with Office

d. **Running Effective Meetings**

Chris Chesny led an open discussion about how to handle meetings in light of the other plans that had developed at the retreat. Here is a list of brainstormed ideas:

- Focus on specific areas (Task Force Recommendations) of work per meeting. Later, it was suggested that meetings not be single purpose - but have a main item
- Organize meetings so public comments have function of informing the day's work and advertise for public input on that specific issue. Then Work Groups can take away follow up or we can invite state government to respond.
- Clarify expectations of reports, e.g. require reports ahead of time; invite Commissioners to prepare 2 minute speeches on concerns, updates in advance of meetings
- Incorporate updates from Office as part of full discussion of issue
- Invite updates from key players (accountability)
- Do not use meetings for information sharing, but be mission driven (but how do we get all Commissioners on the same page?)
- Hold up what's going on to the Recommendations. All reporting would be organized in light of the Recommendations so we can analyze what's needed to fill gaps, address shortfalls, build on good work
- Invite guest speakers who will be informative and inspiring
- Have Work Groups propose specific current topics
- Use meetings to advance public awareness
- Ensure that all meetings have outcomes that advances the agenda: letters, press releases
- Respond to public comment prior to meeting

IX. **Next Steps and Wrap-Up**

See page 2 for next steps.

The Commissioners evaluated the retreat's effectiveness by answering the question, "*How much of your time at the retreat has been well spent?*" *No-one voted for 25%*; 1 Commissioner voted that only 50% of his/her time was well spent; 11 or so members voted that 75% of the retreat was a good use of their time, and 4 voted that 90% of it was.

Positives about the retreat included:

- Getting Commissioners to interact in smaller groups for activities avoided having individuals dominate discussion and encouraged shy participants to talk
- There was a focus on care and purpose
- The amount of preparation and information shared is good

Things that could be improved included:

- We need to continue to check on understanding of specific recommendations and charges
- There was too little time on all rotations when Commissioners were discussing the work areas.

LONG-TERM CARE SUPPORTS AND
SERVICES ADVISORY COMMISSION
RETREAT

FEBRUARY 26 AND 27

HOLIDAY INN WEST
LANSING, MICHIGAN

TASK FORCE RECOMMENDATIONS

1. Implement person-centered planning
2. Adopt *money follows the person* principles
3. Establish “Single Point of Entry” agencies
4. Strengthen the array of services and supports
5. Support, implement, and sustain prevention activities
6. Promote consumer participation and education
7. Establish a new Quality Management System
8. Build and sustain great workforce teams
9. Adopt financing structures that maximize resources, promote consumer incentives

COMMISSION'S CHARGE

1. Review and monitor implementation of Task Force Recommendations
2. Review and comment on quality reviews of LTC system
3. Serve n an effective and visible advocacy role
4. Participate in preparation and review of Statewide plan and resources plan
5. Ensure broad public participation in planning
6. Promote effective public education
7. Recommend SPE evaluation and improvements
8. Discuss potential policy changes
9. Provide other information, advice, and recommendations as requested by the Governor and Director

OPPORTUNITIES	CHALLENGES
Input can/is provided based on background/expertise	Finding common language/understanding
Opportunity for consensus building over a wide variety of parties	Nobody has to do what we say
Take input from external parties and being back to the Commission	Have to build authority to move our goals through our own leadership
Opportunity to give advice	How Office is able to do work may not match Commission priorities (may be ahead of Commission)
Authority has to be gained through leadership without absolute executive authority	Being ignored, disbanded, or sabotaged
Influence has state pursues LTC	How to be loud and assertive
Freer to focus on ideals and vision vs. shutdown be reality	How to get broad public input
Get broad public input, this allows getting this input	
Can see ourselves broader than a Commission (larger public input	
Can have a louder voice	

GROUND RULES

- Create a safe mutually supportive space
- Listen for understanding
- Speak about issues, not individuals
- Questions are great, there are no stupid questions
- Everyone participate, no one dominate
- No side conversations or cell phones, please
- Everyone facilitate so we stay on track

OFFICE QUESTIONS/COMMENTS

1. Delineate role and relationships (Mike's "bubbles") - what does it look like what the Commission acts within domain and what does it look like when it's the Office
2. Clarify role of Office in quality across the array of LTC services. Elevate the issue
 - More information on Office's role with quality
3. Is there an effort to consolidate all LTC activities/functions? (Regulatory, policy, funding, licensing). If not, how is the Office working to coordinate?
4. How do the various grants crosswalk (directly tie into) the Task Force Recommendations?
5. How to deal with quality in view of "short staff office capacity?"
 - What preliminary steps have been done
 - What quality reports are available and can be used?
6. Not a deep bench within OLTCC with experience in facility based LTC. Recruitment opportunities?
7. Liked "bubbles." Liked summary provided by Mike H. Need clarification of Office responsibility listed as #3 - what are the State departments, agencies, and Commission priorities working with them based on the recommendations.
 - With regard to policy - need clarification of which state agencies are responsible.
8. Need clarification on staffing plan (Should be OK by September 2007 with State employees plus contractors)
9. How can the Commission help the Office
 - Individual commissioners
 - Collectively
 - Short term needs
 - Long term needs

OFFICE QUESTIONS/FEEDBACK

1. Who do Commissioners call with questions, ideas? (when acting as a Commissioner)
 - Contact Gloria Lanum
 - Contact chair (especially with issues)
2. Responding to public comment and engaging in public planning
3. Numbers of Medicaid policy staff (approximately 6) outnumber the LTC office policy staff. This is a concern.
4. What is the long-range plan? Is there a long range plan? Is the LTC report required of the Office a plan?
5. How does the Commission participate in policy? What is the Office's role? How to implement this?
6. How best to connect Office to DLEG? Should there be a workforce staff person on the Office staff?
7. Ideally, what staffing would be needed to tackle its charge (compared to what is planned)?
8. Share all Medicaid LTC policy proposals with all Commissioners (on comment list) (Check on a subset for LTC, or is it provider specific?)
9. Can we get more regular updates on Office work such as grant status reports? (The Office will share the same updates as the Consumer Task Force gets.)

COMMISSION WORK AREA

1. Advocacy, Education and Participation - led by Marsha
2. Policy and Work Planning to Implement Task Force Recommendations - led by Dohn
3. Monitoring and Evaluation Quality - led by RoAnne
4. Beyond the Recommendations - led by Jon

LEADS:

1. Record work on flip charts or designate recorder
2. Move to new table each round (20, 15, 10, 5 minutes each)

WORK AREA A - ADVOCACY, PARTICIPATION AND EDUCATION

- Promote the expansion of funding for LTC choices including MIChoice, Assisted Living, and Home Help
- Engage the public in LTC issue awareness
- Engage the media in LTC Task Force Report and Commission

STRATEGIES:

- Organize as an advocacy infrastructure
- Advocacy and public education committee of the Commission
- Identify audiences for the message
- Identify and educate change agents (“influencers”)
 - Who do legislators listen to - opinion leaders
 - Develop a targeting plan
- Develop a statewide advocacy team of people
 - Sell to each other
 - Educate each other
 - Develop an action plan
 - Identify stakeholders and professionals
- Develop a process to manage and follow-up action for public testimony at the Commission
- Invite media to Commission meetings
 - Create an event to invite the media to
- Standard communication piece (brochure) re: LTC Commission, Task Force Recommendations, Frame the issue of LTC, presentations at conferences
- Commission member resource inventory
- Brand the Commission and its’ public accountability through a permanent structure focused on this aspect
- Public hearings around the state

WORK AREA B - POLICY AND WORK PLANNING TO IMPLEMENT TASK FORCE RECOMMENDATIONS

PRIORITIES

1. Person-Centered planning
2. Money Follows the Person
3. Single Point of Entry
4. Strengthened array of services, including building and sustaining a workforce

Money Follows the Person is based on the Person-Centered plan access to a full array of services through the single point of entry.

Task Force Recommendations #3 and #9 go together. SPEs will be judged based on financing

Task Force Recommendations #2 and #3 - need SPE to accomplish Money Follows the Person

Commission provide input to waiver renewal process

STRATEGIES

1. Waive rules in SPE areas to allow for real experimentation
 - No nursing home beds
 - No waiver slots
 - Money in a single bucket
 - Based on what consumer wants
2. New policy - beds banked, if beds are not used for six months, they are gone and no longer available.
3. Rolled up LTC line in budget
4. Close bad performers

WORK AREA C - MONITORING AND DEVALUATING QUALITY OF CURRENT ACTIVITIES AND NEW INITIATIVES

1. Commission should review summaries of surveys, satisfaction surveys, and audits, across the array of services (including skilled nursing facilities, adult foster care homes, homes for the aged, MIChoice, home health agencies, home help, and hospice)
2. What changes are envisioned in how quality is currently monitored (life and services)
3. Where are there problems now in current quality monitoring processes? (views of different stakeholder groups)
4. How do we educate and involve consumers about quality issues?
5. How do we incorporate consumer values and input into quality evaluation?
6. What benchmarks should the Commission recommend on quality measurement?
7. Promoting quality change across the array

STRATEGIES:

1. Devote Commission time to assessment of current and future quality status (ongoing)
2. Devote an expanded task force-style work group to quality
3. Presentations to Commission on items 1, 2, and 3
4. Work group then charged with planning implementation of 4, 5, and 6
5. April/May - Sarah, Chris, and RoAnne provide summary from 1. Other resources include Mike Darkert, Deborah Woods, and Pam McNab
6. Presentation to Commission on culture change and person-centered planning from nursing facilities, direct care workers (PHI) and consumer/advocates (Chris)

WORK AREA D - ADDRESSING OTHER ISSUES BEYOND THE RECOMMENDATIONS

- How can mental health issues be brought into array of services (not a priority)
- Learning from success/failures from the mental health system transformation (strategy - data from all stakeholders involved)
- How we use and gather data and how can this be improved. Update abilities to gather data that relates to consumer needs (2008). Strategy - use CMS technical staff
- Federal government (CMS, Medicare, Social Security, Veterans, Administration on Aging) roles and effect on State's future
- Is there a relationship between Task Force Recommendations and county LTC millages (facility/community service funding)
- How will current LTC facilities transform into future: what are the needs and expectations
- Are we looking far enough into the future (10-15 years) or how will private/public dollars fund services to an expanded consumer base, into desired multiple choices of services.

COMMISSIONERS - ROLES AND RESPONSIBILITIES

PREPAREDNESS	PUBLIC SPOKESPERSON	COMMUNICATION		RELATION TO CHAIR PERSON	PARTICIPATION
Become an expert in all aspects of LTC and how it relates to work of State staff/Commission	Make sure Commissioners listen to consumer, the public, and each other	Use the Commission meetings to publicly speak to forwarding the achievement of Task Force Recommendations	Visit LTC settings to observe what is happening a few times per year at least	Show deference to chairperson Even accept his calls	Develop or share expertise in one or more areas of the Task Force Recommendations
Be prepared	Listen to consumers in your community	Feel free to ask any question to better understand an issue			Willingness to chair or participate in workgroups
Stay current with what work the Office is doing	Respond to the public's comments in an informal, unified way	Be vocal about LTC reform in your community			Attend at least 75% of the meetings
Do homework to prepare for meetings		Speak out at commission meetings			Arrive with solutions, not road blocks
Review and monitor implementation of Task Force Recommendations	Be a conduit for communication between agencies in your own community that deal with LTC issues and the Office and Commission work	Provide/share information with Commission based on their own expertise			Participate in all Commission meetings and special events like retreats
Listen, learn, participate		Inform their own constituency about Commission activities and results			Participate in, and be very active in, at least one workgroup or committee
Stay current with LTC issues		Call for change and quality			
Review information prior to meeting and be prepared to discuss		Actively support/oppose decisions/advisory recommendations			
Become well acquainted with each workgroup report of the Task Force Recommendations		Maintain awareness of, and input to, the Executive Committee			
		Promote effective public education			
		Serve in an effective visible advocacy role			

Summary:

- Not expert, but do work to be informed. Be prepared for meetings
- Spokesperson
 - Yes, to advocate
 - Yes, when messages are agreed upon and plan
 - Yes, with our own organizations
- Visit LTC sites only when consumer invites
- Exit expectations, allow accommodations for Commissioners to participate
- Substitutes/alternates - Ok to send someone to the meetings, but they have no voting rights and may not sit at the table. Ex officio - no restrictions
- Absentee/contributions - see by-laws (E-mail the by-laws to the Commissioners)
- Help find and bring resources to the Commission

EXECUTIVE COMMITTEE - ROLES AND RESPONSIBILITIES

IN ADDITION TO THOSE OF MEMBERS

OFFICE RELATIONSHIP	PLANNING/ DEPLOYMENT	CHAIR RELATIONSHIP	PLAN MEETINGS	WORKGROUP COORDINATION	COMMISSION RELATIONS
Align the work of the Commission with the work of the Office and workgroups	Focus work of Commission on Task Force Recommendations	Assist Chair with processes of Commission work	Encourage/foster discussion at Commission meetings and getting decisions	Create and oversee mechanism to scan environment for LTC related working groups and education opportunities	Be responsive to input from the rest of the Commission
	Implement Task Force Recommendations	Support the Chair, review notes, etc.	Be prepared		Help make our tasks easier
Serve as the main conduit between the Commission and Office	Personal commitment to familiarity with all workgroups' charges and activity	Coordinate all activities with leadership from Chair	Plan agendas, coordinate with Office	Facilitate and coordinate workgroups and assure alignment with all Task Force Recommendations	Organize education for members of the Commission, Office as needs are identified
Communicate effectively with the Office	Problem solve	Assure support to the Chair which assures Executive Committee functioning	Formulate agendas that focus on the Commissions' s charge	Coordinate workgroup meetings and communications	Review Commissioner concerns
	Make suggestions for Commission activities				
	Evaluate the functioning of the Commission	Help the Chair manage the Commission process and define structure		Keep workgroups and Committees aligned with Chair	Ask Commission for input regarding meeting agenda
	Respond to the threats and opportunities between meetings			Direct policy, clarify workgroup tasks and charges	Keep Commission aware of different events going on in the community
	Facilitate progress - move things forward			Monitor workgroups	
	Report progress and get input form all Commissioners and public, as appropriate			Synthesize the work of the workgroups	Keep all members involved and informed
	Not function as a mini-commission			Keep Commission on task	
				Coordinate scan opportunities	

SUMMARY

Support the Chair

- Ensure Chair has what s/he needs to get things done

In support of the Chair, the Executive Committee will be asked to fulfill various responsibilities which may include

- Organize work for the full Commission and facilitate meetings
- Internal method of staffing itself

CHAIR RESPONSIBILITIES

LEADS MEETINGS	COMMUNICATE S	PUBLIC SPOKESPERSON	OFFICE COMMISSION RELATIONSHIP	PROVIDE LEADERSHIP	COMMISSION MEMBER RELATIONSHIP
Conduct productive meetings with wide spread participation	Facilitates Commission meetings so all participate	Act as a public representative of the LTC Task Force Recommendations	Work with Office staff to prepare for meetings and special events	Communicate leadership-oriented thoughts, opinions, and issues to members	Lead the Executive Committee in its work to meet its charge
Call meetings as needed	Get input from all Commissioners	Be public voice of the Commission		Have vision to where Commission is going	Appoint Executive Committee
Set Commission agenda and priorities	Write correspondence on behalf of the Commission	Spokesperson of LTC reform	Liaison between Office and Commission	Provide leadership and direction to achieve Commission goals	Look out for well being of Commission and Commissioners
Set final agenda	Listen to public and Commission input	Is Commission spokesperson		Personal accountability to assure implementation of Task Force Recommendations	Personal accountability for Executive Committee and individual relationship with members
Don't let roadblocks bog us down	Represent the Commission at hearings and other events	Serve as prominent (but not necessarily only) spokesperson of the Commission	Liaison to Office and other departments	Has to believe in the Commission and the work and in the members	Lead Commission members to active participation
Draw out/engage less vocal commission members	Talk about fiscal matters that impact the Commission		Personal accountability for Commission relationship with Office	Keep Commission on task	Build relationship with each member of the Commission
Be prepared	Inform the DCH Director and Governor of Commission progress			Lead, be consensus builder, focus on mission final report	Establish operations of the Commission (e.g., call for election of other officers)
				Assure our activities will achieve Recommendations	Appoint workgroups, Chairs, and make charges
				Push the group forward	Monitor Executive Committee
				Maintain humility	Delegate and monitor

SUMMARY

- Assures priorities are set
- Annual report to the Governor, DCH Director
 - Aligned to offices

SUMMARY OF SMALL WORK GROUPS

Advocate for programs

- MIChoice waiver
 - Home help program
 - LTC awareness
 - Engage media
- Strategy - standing Advocacy Committee on the Commission

Beyond the Task Force Recommendations

- Focus on one issue - Items missing from the report (in workgroup reports but did not make it to the final Task Force report)
 - Integrate federal programs
 - Funding stream missing from report (i.e., county millages (caution - rich/poor counties, problematic if not used as match, should be considered. Action - research this possibility, look at models, assess feasibility.)
 - Are we looking ahead 10-15 years?
 - Need to look at now (how many people need services or have disabilities. Need this data to enable to plan beyond those currently in the system)

Evaluation/Quality

- Want a system across silos in State government and other systems re: quality indicators
- Engage consumer input on quality
- Commission to set benchmarks for quality
 - Increase attention on quality at the Commission meetings
 - Have a dedicated workgroup in the Commission

Policy/Workplan

Discussion points - focus on all Task Force Recommendation, however; the “principles” (Money Follows the Person and Person-Centered Planning) are the drivers

- Need to create strategies with the principles in the mix
- Decision that Person-Centered Planning and Money Follows the Person are in concert and are the guiding principles (TF Recommendations #1, 2, and 4)

Next Steps

- Consider SPE recommendation first
- Review/analyze the remaining Recommendations
 - Prioritize (not necessarily what's important but what is doable)
 - Be certain to weave in the principles and other Task Force Recommendations
- Assign workgroup to conduct the analysis/scan
- Consider including others- content experts (outside of the Commission) to assist with the scan
- Re: prioritization - prioritize within each recommendation in terms of tactics. Do not prioritize the Task Force Recommendations but rather their tactics.

MEETINGS

- Focus on specific areas (Task Force Recommendations) of work per meeting.
- Advertise for public input on that issue
- Clarify expectations of reports
 - Incorporates updates from Office
 - Commissioners prepare 2 minute speeches on concerns, updates
 - Invite updates from key players (accountability)
- Require reports ahead of time
- Not use meetings for information sharing, but be mission driven (but how do we get all Commissioners on the same page?)
- Hold up what's going on to the Task Force Recommendations - analyze the need for action to fill gaps, address shortfalls, build on good work
- Not single purpose - but main item
- Guest speakers
- Workgroups to propose specific current topics
- Use meetings to advance public awareness
- All meetings have outcomes that advances the agenda: letters, press releases
- Respond to public comment prior to meeting (organize meetings so comments have function of informing the day's work, work group's take away, invite state government to respond)

WORKGROUP DISCUSSION

1. Workgroup as central way work gets done (reports to larger Commission for status updates)
2. commission scans work currently being done, 2007 plans and priorities (sequencing)
3. determine which groups to form, which to adopt and harness the power of them
4. charter (charge) to group
 - roles and responsibilities
 - membership
 - expectations re: outputs/reporting
 - timeframes

NOTE: Office's capacity to staff is limited

- Not duplicate the work of the Office
- Finance - invite legislative representation (Mike H. to check on), disability caucus, MSA Staff
- Part of workgroup purpose is to educate, bring along members
- Scan groups beyond LTC community, i.e., Women's groups, junior league, business and professional societies
- Engage geographically diverse participation
 - Use technology to enable
- Ensure effective, cross workgroup reporting and communication, full commission
- Some will be permanent and ongoing, some will be ad hoc, based on charge and/or time
- Clarity about endorsed decisions

REPORTING IN LIGHT OF TASK FORCE RECOMMENDATIONS

- All workgroups have Commissioner member, preferably as chair or co-chair.
(If this is an existing workgroup, then the Commissioner is only a member)
- DLEG - model of pre-council committee chair “alignment” meeting to ensure coordination (this is for those members on workgroups to update the chair)
- Commission clarity on 2007/8 plan/direction first
- Scan our own prior work, too.
- What is the size of the workgroups
- Are they open to all at meeting or process for including, layers of membership?
- Maximizing out facilitating skills, attending to having someone who can attend to it
 - Also logistics (room, parking, etc.)
 - What’s the lens through which you conduct the scan?

DECISION

Scan has to be all work, not jus State work

DAY 1

1. Clarified Office work and relationship to Commission and Identified additional questions.
2. Confirmed Commission's potential as an Advisory Group
3. Came to know one another more fully
4. Had preliminary exploration of priorities and strategies as Charge and Recommendations were reviewed.
5. Heightened understanding of need for clarification re: roles and processes

SECOND DAY GOALS/PURPOSE

1. Hear and briefly discuss priorities and strategies
2. Clarify and gain consensus on roles and infrastructure proposals
3. Decide on next steps to move retreat outcomes forward
 - Clarification of Office questions
 - 2007/8 priorities and plans
 - implementing infrastructure agreements, roles, meeting processes

Adjourn 3:00

NEXT STEPS

NEXT STEPS	WHO	BY WHEN
Draft 07/08 plan	<p>Action: the listed items will be addressed by the Chair and Executive Committee</p> <p>Proposals to be brought to the Commission for review and comment</p>	March Commission meeting
Develop response process for public comment		
Clarify role in system vs individual complaints and how to respond		
Develop proposal for methods/approach running effective meetings including meeting purpose and desired outcome		

ACTION ITEMS

- The Executive Committee will review the list of Office questions/feedback.

They will determine the best approach to gain answers.

- Consult Mike H regarding those questions which are office management vs policy (commission)
 - Identify what needs to be referred beyond the Office
 - Compile answers to questions
-
- Report back to Commission
-
- Include education at the Commission on SPEs (status update)
-
- Mike H. to check with Janet O. re: can legislators be invited to participate in the Commission workgroups. Dohn to provide Mike with further clarification of the request.

PARKING LOT

- Clarify Executive Committee functions
- Clarify Executive Committee - is it composed to workgroup chairs?

WAS THE RETREAT A SUCCESS?

25% - 0

50% - 1

75% - 11ish

90% - 4

Getting us to interact in smaller groups avoids domination

Encourages shy participants

Focus on care and purpose

Amount of preparation and information is good

Check on understanding of specific recommendations and charges

Too little time on all rotations

**OFFICE OF LONG TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION GUIDELINES**

Broad Priorities, Agenda Setting & Planning

1. The Executive Order establishing the Commission and the Office has the implementation of the 2005 Governor's Medicaid Long Term Care Task Force Recommendations as central to their common Charge, so it these Recommendations which frame and guide all Commission priorities, agendas and planning.
2. Whereas the strength of the Task Force Recommendations, in both depth, integration and unanimous support stemmed directly from a statewide, widely-inclusive process of stakeholders, branches of State Government and the public, the Commission should scan for needed substantive ingredients and participation and re-establish and maintain those most consonant with the Task Force process model.
3. The execution of the scan and re-establishment should seek the consolidation of other public work in progress, being conducted otherwise in more fragmented ways, as a result.
4. The Commission will establish workgroups and seek involvement from stakeholders, branches of State Government, the public, and the Commission.
5. These workgroups will scan the environment for both public and private work in progress that supports the actualization of the Task Force Report.
6. The workgroups will work in concert with the Office to develop strategies and advice for the use of public and private resources to address the needs and opportunities to do so.
7. The above process and its evolving structure serves as the Commission's primary policy, priority-setting and planning resource within the Task Force Recommendations; they function as the Commission's superstructure for ongoing public participation and communications in statewide education and planning.
8. Issues brought to the Commission's attention outside of this structure, whether brought by the Office, the Legislature, Public Comment, state or national events or the media should be briefly analyzed by Commissioners and the Office (possibly Executive Committee members, if between meetings) for possible alignment with specific Task Force Recommendations; then perhaps referred to pertinent workgroups or other public individuals or bodies for further development of a Commission response within its established priorities. Conversely, the initial analysis of the new issue may indicate a greater impact by it on the priorities themselves is possible or obvious, and therefore raise a question of whether the existing priorities need changing.
9. Planning cycles will be established and maintained for and between the Office and the Commission, and, between the Commission and what workgroups or other ongoing initiatives it undertakes. Plans for all these entities will address each of the Recommendations but may prioritize among them from year to year; the Commission and the Office shall attempt to affect an ongoing orchestration of Recommendation prioritizing across the entities and subgroups so as to maximize the policy development and advocacy for all of them on a strategic and sustainable basis.

**OFFICE OF LONG TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION GUIDELINES**

Meeting Protocols & Management

1. Commission meetings shall benchmark progress toward annual and multi-year plan goals and objectives of the Commission, and the Office, for the full implementation of the Task Force Recommendations, or know the reason why not. Commissioners and Office staff ought to be able to cite instances, actions and motions adopted which serve and further such implementation at the end of each meeting – and name what needs to happen at the next meeting to assure the Commission’s work remains on track longer term.
2. Annual plans will map benchmarks of accomplishment across the yearly calendar of meetings to better assure success and help frame the agendas and needed outcomes of specific meetings.
3. Mapped annual plans will be shared with Commissioners, its workgroups and the public as dynamic documents, having flexibility for acceleration of timetables if successes come more speedily and tolerance for relaxing timetables if certain objectives are proving too difficult to be met, especially those being obstructed by reasons or forces beyond the Commission’s control; revised timetables will be determined by the full Commission, perhaps approvable via list served email re-drafts by the Executive Committee if between meetings, then issued with a new adoption date to the Commission, its workgroups and publicly posted.
4. The agendas of full Commission meetings and workgroups shall be publicly posted and available at least one week before meetings, two weeks ahead of time is optimal and becomes more achievable as annual plans and planning cycles are brought online. Background materials supplied to the Commission should also be posted and publicly available.
 - a. Agendas will be developed by the Chair with assistance from the Executive Committee and designated Office staff.
 - b. Minutes will be approved by the Chair with assistance from staff designated by the Office with assistance from the Executive Committee before being issued for full Commission Review and Approval.
 - c. Fully Approved Commission Minutes will be publicly posted within 14 days after each Commission meeting.
5. Staffing support and assistance from the Office to the Commission will be in accordance with the Executive Order and with the Office Memorandum dated February 26, 2007 issued to the Commission at its Retreat gathering the same day. The Office Memorandum designates Gloria Lanum of the OLTCCS as the staff person Commissioners address questions and other needs related to Commission business and issues.
6. All Commissioners agree to review agendas, draft minutes and supporting materials before meetings to foster their active participation in discussions and decision-making.
7. Executive Committee meetings are convened at the pleasure of the Chair.

8. Commission members and workgroup volunteers will be encouraged to make donations of their personal, community and organizational resources at their disposal to enhance and leverage Commission and Office activities which enhance facilitation of the broader work. Such donations may include and are not limited to additional staffing, material, logistical support and coordination, meeting facilities, personal supports assistance and communications.
9. Annual planning by all Commission-related entities will target such logistical needs as part of operationalizing and sustaining their work. Office staff and the Commission Executive Committee will catalogue, inventory, gaps-analyze and integrate these resource capacities, advertise specifically identified donation opportunities to the public; the Commission may delegate management of these logistics and their coordination to a special committee.
10. When the Commission or its Chair creates workgroups or committees, those workgroups or committees will receive a specific written charge of its role and responsibilities, membership, issues to consider, and activities to complete with established deadlines for completion and submission to the full Commission for consideration. Findings or recommendations from workgroups or committees are not those of the Commission or the Chair.
 - a. The ability of the Office to staff and support workgroups and committees is likely to be limited and will be determined by the Chair and the Office Director.
 - b. Meeting protocols for workgroups and committees will follow Commission protocols as closely as possible.
 - c. Effective communications between and among the Commission and its committees and workgroups will be sought.
11. Commission members must be present, physically or electronically, to vote. Commission members who are unable to be present may have a representative attend meetings to observe and listen to proceedings.
12. Commission meetings will always include at least one time period for public comment. The Chair will manage that section of the agenda to encourage public input on all long-term care issues and to complete Commission business.
13. Commission meetings will include input from the Office.
14. Commission decision-making processes are guided by the adopted “Consensus Defined” document (reprinted in full below). Any Commissioner who “blocks” a decision is obligated to explain his/her reasons for blocking Commission action at the time of voting. That same Commissioner is also obligated to work with the Chair or his/her designee to remove the “block” at the next Commission meeting.

CONSENSUS DEFINED

Excerpted from *True Consensus, False Consensus* by Bea Briggs
Published in the Journal of Cooperative Living, Winter, 2001

The consensus process is a decision-making method based on values such as cooperation, trust, honesty, creativity, equality, and respect. Consensus goes beyond majority rule. It replaces traditional styles of top-down leadership with a model of shared power and responsibility.

The consensus process rests on the fundamental belief that each person/organization has a piece of the truth. Each member of the group must be listened to with respect. On the other hand, individuals/organizations cannot be permitted to dominate the group.

This is not to suggest that the consensus process presupposes or automatically confers complete peace and harmony within a group. In fact, in groups that are truly diverse, differences are both a sign of health and an invitation to creativity.

Consensus is not a panacea. It will not work in every situation. In order to invoke the power and magic of consensus, these main elements must be in place:

- Willingness to share power
- Informed commitment to the consensus process
- Common purpose
- Strong agendas
- Effective facilitation.

Procedure for Determining Consensus

In the consensus process, no votes are taken. Ideas or proposals are introduced, discussed, and eventually arrive at the point of decision. In making a decision, a participant in a consensus group has three options.

- To give consent. When everyone in the group (except those standing aside), says “yes” to a proposal, consensus is achieved. To give one’s consent does not necessarily mean that one loves every aspect of the proposal, but it does mean that one is willing to support the decision and stand in solidarity with the group, despite one’s disagreements.
- To stand aside. An individual stands aside when he or she cannot personally support a proposal, but feels it would be all right for the rest of the group to adopt it. Standing aside is a stance of principled non-participation, which absolves the individual from any responsibility for implementing the decision in question. Stand asides are recorded in the minutes of the meeting. If there are more than a few stand-asides on an issue, consensus has not been reached.
- To block. This step prevents the decision from going forward, at least for the time being. Blocking is a serious matter, to be done only when one truly believes that the pending proposal, if adopted, would violate the morals, ethics, or safety of the whole group. One probably has a lifetime limit of three to four blocks, so this right should be exercised with great care. If you frequently find yourself wanting to block, you may be in the wrong group.

Consensus decisions can only be changed by reaching another consensus.

**OFFICE OF LONG TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION GUIDELINES**

Commission Responses to Public Comment

1. The Office of Long Term Care Supports & Services will provide, maintain and publicize contact mailing information for the public to send correspondence they wish addressed directly to the attention of Commission.
2. Any Commission member may receive public comment from any person in any form the person chooses, whether verbally, hand-written, typed, emailed or left in voicemail at any time in a given month and at Commission meetings, other public activities and other functions of Commission-related public committees, workgroups and presentations. Comments received by Commissioners between meetings should be forwarded to the Commission Secretary and the Chair; if received in writing, the recipient Commissioner should forward copies to the Commission Secretary and Chair, retaining the original until a formal written response has been mailed to the commenter.
3. Comments received between Commissions meetings will be reported by the Secretary (or in their absence, his or her Commission designee) as part of Public Comment at ensuing full Commission meetings.
4. The Public Comment portion of Commission agendas will include Commissioner questions of commenters present and Commission deliberation as needed and desired by Commissioners and Office staff.
5. Following Commission meeting adjournment, the Commission will respond promptly in writing to each comment received; the responsibility will fall primarily to the Commission Chair for drafting, signing and sending; he or she may ask a Commissioner, with experience and/or expertise particularly pertinent to the comment received, to draft a response and even voluntarily sign the given response on behalf of the Commission. Copies of comments and responses will be kept on file by the Commission Secretary, with support and assistance from Office staff.
6. Written Commission responses to public comment should include as many of the following ingredients as pertinent and possible:
 - A brief recapitulation of the issues raised by the commenter.
 - A brief recapitulation of Commission questions, discussion and verbal reactions, if any.
 - A scan of what existing federal and state laws, regulatory systems, programs and resources, including private resources, which are or might be pertinent to the issues raised and possibly appropriate to also respond; this should stem from Commission discussion wherein the Commission may choose to refer the commenter or, at the Commission's choosing, seek permission from the commenter to make related referrals of their comment as part of a Commission inquiry to the given agency(ies) or program(s); in the latter situation the Commission shares the third party's written response with the commenter while deliberating and deciding whether the agency response indicates needs for Commission advocacy action and/or policy development.

- Every written Commission response ought end with advocacy action steps and discussion of further opportunities for commenters to become involved or increase their involvement in organizing in their communities and building broad movements for further reform of long term care, especially those with the greatest pertinence to their issues and their systemic, backdrop causes.
 - Each Commission written and verbal response conveys the utmost respect and deep appreciation for every commenter's efforts – sometimes at great personal cost and even risk – to make their voice heard.
7. A brief report and analysis of total public comment received by the Commission will be prepared each year by a subcommittee of Commissioners and Office staff as part of the annual report; other than issues, the summary should also include geographical and whatever known demographic characteristics of commenters as a group, and, possible learnings for improving the breadth, depth and public accessibility to participate in comment to the Commission.

DRAFT

**LONG TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION**

**Draft Operational Guidelines on Setting & Maintaining
Short Term Public Policy Priorities**

1. The Task Force Final Report Recommendations and their source material in the Task Force's Full Workgroup Reports, taken together, establish the ongoing framing through which current public issues are scrutinized for their relative importance and their sequencing for Commission attention and action.
2. Public issues can be named and brought to the attention of the Commission by anyone at anytime and conveyed by any means; if by the public, as part of Public Comment and/or Commission-related workgroups and other activities.
3. Public issues receive Commission priority from Commission deliberation and action, based primarily on:
 - Whether attention and action on the issue by the Commission addresses implementation of one or more Task Force Recommendations.
 - Commission decisions about priorities and actions should be based on which of those leverage a greater number of Recommendations' implementation; the greater number of Recommendations that are advanced – or impeded – by the issue, the greater priority that Issue should receive.
 - Additional scanning of public issues for their potential Commission priority should factor in the following measures:
 - ✓ which are most achievable
 - ✓ which make the biggest impact (affect more people, longer lasting)
 - ✓ which have the most positive outcome
 - ✓ even if relatively unimportant, which simply cannot wait
 - ✓ which are totally obvious, regardless of subjectivity or objectivity
 - ✓ those not being addressed elsewhere or receive little ongoing attention
 - ✓ those on which there is higher awareness and support
 - ✓ sustainable resources are available to tackle it
 - ✓ gut instinct or intuition – damn the torpedoes, it just feels right!
4. Issues selected in this way for Commission Priority may be sequenced and staggered across monthly agendas and interim activities based on success rates, outcomes and available Office and Commissioner resources.
5. The sequencing and staggering of Issues evolves into a longer range Commission Agenda and provides further bases for public advocacy planning and activities.
6. Establishment of public Commission workgroups and other initiatives expands the number of public priorities the Commission can adopt and the potential resources available to sustain such work and public advocacy.

**OFFICE OF LONG TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION GUIDELINES**

Single Point Entry Demonstration Evaluation and Monitoring

1. Commissioners shall proactively assure their own learning needs and understanding of Task Force Recommendations, Executive Order Charges, the ensuing Request for Proposals process, State Law, local needs and developments relative to Single Point Entry and Demonstrations are addressed on an ongoing basis.
2. New Commissioners shall specifically request that the Office orient them to the specifics of each Demonstration Contract executed following the close of the RFP process. The orientation will include but not be limited to apprising Commissioners of important distinctions and variances between the respective Demonstration Contracts and resulting individual contract expectations of the Office of each respective Demonstration Contractor. Updates shall be provided to all Commissioners if/when specific contracts are modified and/or Office expectations change on specific contractors. For the purposes of 2007, all Commissioners shall consider themselves and be regarded as new Commissioners.
3. At least twice each year the Commission shall request of the Office status updates on each of the Demonstration Contractor's contract compliance and activities. The status updates shall include but not be limited to:
 - Basic data on client (consumer, callers, etc.) profiles.
 - Numbers of clients being served.
 - SPE Service Delivery Staffing.
 - Client outcomes.
 - Public Education, Marketing and Outreach Plans, Activities (including events, products, tools and other deliverables).
 - Governing Boards' and Consumer Advisory Board composition, status and activities.
 - Legal and financial status.
 - Community Needs Assessment tracking activities; detail on populations, unmet needs, unmet preferences and stakeholder capacity analyses on the local provider array.
 - Internal Contractor-specific quality improvement targeting and performance-tracking.
4. Commissioners may receive from any party, including SPE Demonstration Contractors, reports on SPE Demonstration activities which raise concerns or make proposals directly to the Commission as part of Commission processes and opportunities for Public input and Comment.
5. Direct Commissioner SPE Demonstration site visitation shall be facilitated at least once yearly by the Chair and the Office; the more Commissioners visiting more sites the better; Commissioner site visitation should attempt, as a minimum, direct contact with consumers using SPE services, as confidentially authorized by the given consumers; the use and release of specific consumer information gained by

Commissioners by such contacts, if any, shall be defined, determined and authorization denied or withdrawn at the pleasure of each specific consumer at any time; as a rule, the purpose of such Commissioner-consumer contact is not to seek such personal information but to build and maintain each Commissioner's own sensitivity and awareness of consumer experience on thematic and systemic levels.

6. The above Guidelines establish a floor of discernment for each Commissioner to make their own, best determinations of what variances, if any, from fidelity to the Task Force Recommendation on Single Point Entry may be occurring between and among each of the following: The Executive Order, the State Law, Demonstration Contractors' compliance status and compliance trajectory, the Office's own activities and actions, and finally, Commission positions, actions and activity to-date on record.
7. The primary Commissioner aids to this discernment are:
 - A. The Full Task Force Workgroup "A" Report document on Single Point Entry.
 - B. The full performance evaluation tool, process and document adopted by the Office following the Commission's recommendation for this.
 - C. What Commission workgroup(s) may be focusing on SPEs and the service capacities of the provider array.
 - D. Emerging Commission and public deliberations, plus local, state and national developments regarding SPEs and long term care reform.
8. Using the above, globalized discipline and process of discernment of SPE evaluation and advocacy, the Commission's continuing recommendations in these areas should draw their foci from at least two primary concerns:
 - redressing what distances exist and are growing, if any, between the original Task Force Recommendations for Single Point Entry versus what actually is being implemented at the State and local levels
 - what areas and operational issues of SPEs are not adequately addressed to begin with by the Task Force Recommendation, and Full Workgroup Report on SPE itself.

The latter may indicate a need for new policy development and innovation where the source documents and the other aids in item 6 appear to leave off.

	Office of Long Term Care Supports and Services	Shared	Long Term Care Supports and Services Advisory Commission
Task Force Recommendations	<ul style="list-style-type: none"> • Administer Implementation Activities • Annual Progress Report 	<ul style="list-style-type: none"> • Educated and informed on opportunities and developments of Long Term Care in various states and federal initiatives 	<ul style="list-style-type: none"> • Monitor implementation activities using workgroups
State Planning	<ul style="list-style-type: none"> • Coordinate between all state departments with responsibility for any segment of Long Term Care Supports and Services • Present a coordinated statewide plan 	<ul style="list-style-type: none"> • Review, revise and comment 	<ul style="list-style-type: none"> • Provide input into the development of a statewide plan • Set a monthly meeting agenda that monitors the plan development and ties to the LTCSS Task Force recommendations
Policy formulation	<ul style="list-style-type: none"> • Set policy • Coordinate policy development and tie it to other departments in the state. 	<ul style="list-style-type: none"> • Comment on any State policy relating to the delivery and funding of LTCSS 	<ul style="list-style-type: none"> • Develop a mechanism to monitor developing policy. • Include policy review, questions and comment in each monthly agenda
Single Point of Entry	<ul style="list-style-type: none"> • Administer the demonstration programs • Report on demonstration programs compliance with RFP and Task Force recommendations 	<ul style="list-style-type: none"> • Speak at meetings regarding SPE progress 	<ul style="list-style-type: none"> • Set evaluation parameters • Input and critique the demonstration project on a quarterly basis • Set agenda for expansion
Effectiveness, Efficiency and Quality reviews	<ul style="list-style-type: none"> • Follow the agenda as it relates to evaluating SPE and other segments of 	<ul style="list-style-type: none"> • Set an agenda to develop and monitor measures of success 	<ul style="list-style-type: none"> • Quality measurement inventory • Lead discussion on

	LTCSS system development		measuring quality of life <ul style="list-style-type: none"> • Establish workgroup to develop parameters
Recommendations to the Department Director	<ul style="list-style-type: none"> • Identify recommendations and report 	<ul style="list-style-type: none"> • Discuss and evaluate recommendations in light of the Task Force Report 	<ul style="list-style-type: none"> • Provide input to the recommendations • Set a plan for specific topics per meeting agenda and seek public and commission input related to the specific topic

MEMO TRANSMITTING THE BUDGET LETTER TO THE LEGISLATURE

>>> Jane Church 3/7/2007 3:00 PM >>>

On behalf of Andy Farmer, Commission Chair, attached please find a copy of a letter drafted and approved by the Executive Committee and sent to members of the Michigan Legislature today urging them to protect long term care from cuts in the FY'07 and increase funding for long term care in the FY'08 budget. A similar letter was sent to Governor Granholm last fall while she prepared her Executive Budget recommendations.

Andy would like you to review the letter and become familiar with the issues so that you can use it to inform and advocate within your local personal and professional networks, media outlets, and individual legislators. Andy also requests that you to come to the March Commission meeting prepared to discuss how you used this information in your advocacy efforts and any plans you have for its further use in the future.

Please direct questions and requests for additional information to a member of the Executive Committee.

Jane Church
Department of Community Health
Office of LTC Supports and Services
Washington Square Building
109 Michigan Avenue, 7th Floor
Lansing, MI 48913
Telephone: 517-241-9173
Fax: 517-241-2345
E-mail: churchja@michigan.gov

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MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION

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Detroit*

*Toni Wilson
Waterford*

March 7, 2007

Honorable State Representative
Honorable State Senator
State Capitol
Lansing, MI 48913

Dear

As the body charged in Executive Order 2005-14 to be “an effective and visible consumer advocacy role for improving the quality of, and access to, long-term care supports and services, the Long-Term Care Supports and Services Advisory Commission has reviewed reports of the state’s receipt of revenues, deficits, and the ongoing discussions about state spending related to the FY 2007 and FY 2008 budgets.

We understand that revenues are not meeting projections used to create the FY 2007 state budget, and that reductions have been proposed by the Executive Office and rejected by the state Senate. And, we know that the Legislature and Executive Office are in the midst of fashioning the FY 2008 and replacing revenues to be lost with the repeal of the single business tax.

As you consider the difficult budget choices ahead of you, the Michigan Long-Term Care Supports and Services Advisory Commission urges you to remember Michigan's commitment to our vulnerable elderly and people living with disabilities. As budgets are being developed for FY 2008 and reductions considered for FY 2007, it is important to keep in mind that by 2020 Michigan's population over 65 will increase from 16% of the state’s population to 20% of the state’s population. Due to the obvious growing demand and demographics, all long-term care services and supports need to have priority in funding decisions.

Mindful of these demographics and other factors, the Commission unanimously recommends to all state legislators that:

- Appropriations for FY 2007 for long-term care supports and services should *not* be reduced at all.
- All long-term care services and supports programs should be a priority item for the FY 2008 budget.
- The funding of the daily rate for the MI Choice home and community based waiver be increased to adequately adjust for inflation over the last ten years, and
- The overall funding of the MI Choice home and community based waiver be increased to sufficiently cover
 - the 3900+ waiting list,
 - the adjusted, increased daily rate.
 - accommodate choice in long-term care, and
 - the growing demand and demographic need.

State funded long-term care services within the Department of Community Health's budget provide assistance to people of all ages living with disabilities. Over 100,000 Michigan residents and their families rely on Medicaid and other programs to fund care in their own homes and apartments, in adult foster care homes and homes for the aged, and in county medical care facilities, nursing homes and hospital long-term care units.

Michigan programs should be expanding their capacities and resources—not reducing them—if we are to meet the needs and expectations of the growing numbers of elders and people living with disabilities. And, the recent state budgets for long-term care supports and services have been a mixed bag resulting, overall, in fewer options for families and communities.

In recent years, the state's nursing homes and home health agencies absorbed a 4% cut in rates. Home Help clients have experienced a cap in authorized hours for some services.

In the FY 2007 budget, wages increases have been authorized for Home Help providers resulting in a wage floor of \$7.00 per hour and a very modest wage increase for workers in the community mental health system.

However, over 3,900 people are on a waiting list for the Medicaid-funded MI Choice waiver. This waiver provides services to those people whose needs are sufficient to qualify them to receive services in a nursing home. This program, funded at \$100 million, receives only 66% of the funding it had five years ago and is serving fewer and fewer families.

March 7, 2007

Page 3

There have been no increases to the MI Choice waiver line item in several years. Continued funding of the MI Choice Waiver program is essential to provide choice for Michigan citizens and in preventing premature admission to a nursing facility.

With the growing needs of the state's aging population and their families as well as the fragile state of current services, we unanimously recommend that the state's long-term care programs be spared from reductions in authorized FY 2007 funding levels and increased funding in FY 2008.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andrew Farmer".

Andrew Farmer
Chair

cc: Governor Jennifer Granholm
Janet Olszewski, Director, Michigan Department of Community Health
Bob Emerson, Director, Office of the State Budget
Members, LTC Supports and Services Advisory Commission



65TH DISTRICT
STATE CAPITOL
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E-MAIL: mikesimpson@house.mi.gov

MICHIGAN HOUSE OF REPRESENTATIVES

MIKE SIMPSON
STATE REPRESENTATIVE

Andrew Farmer
Michigan Long Term Care Supports and Services Advisory Commission
109 Michigan Avenue, 7th Floor
Lansing, MI 48933

March 12, 2007

Dear Mr. Farmer,

Thank you for your comments regarding the Michigan Choice Waiver Program. Your perspective and knowledge in this area is valuable. I appreciate the time you took to share your opinion with me. Knowing the concerns of my constituents and organizations such as yours allows me to represent my district to the best of my ability.

My fellow representatives and I will be working hard to solve the budget deficit for the current fiscal year. Difficult decisions will be made in many areas. It is important to me that individuals have a high quality of life. Key to that is the ability to stay in their own homes and to receive the care or services needed. I am committed to working with all of my colleagues and the administration in a bipartisan manner in the coming weeks to ensure that our elderly and disabled adults continue to receive all the resources and care they require.

Again, thank you for your comments. If there is anything else I can assist you with, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Simpson".

Mike Simpson
State Representative
District 65

MAS:mes

The Michigan Department of Community Health (MDCH) and its partners acknowledge the national data and Michigan's own data highlighting the disparity in health outcomes between Michigan's citizens with and without disabilities, disparities which often result in secondary conditions that compromise even further the health of people with disabilities.

MDCH is applying for Core funding to begin to address these issues comprehensively. It will establish a permanent state Office of Disability and Health (ODH) in the MDCH Public Health Administration/ Division of Chronic Disease and Injury Control. Consistent with Healthy People 2010 goals, ODH goals will be to prevent secondary conditions and promote the health of people with disabilities through collaboration with key partners, and to develop and implement a Strategic Plan for health promotion activities with and for people with disabilities. ODH will coordinate with the MDCH Bureau of Epidemiology for surveillance targeting prevention and health promotion efforts and tracking/ evaluating project activities. MDCH will name an Advisory Council composed of at least 50% people with disabilities. Partners on the Council will be the MDCH Office of Services to the Aging and Children's Special Health Care Services Division, as well as the Michigan Public Health Institute; Developmental Disabilities Institute of Wayne State University; Michigan Developmental Disabilities Council, Michigan Disability Rights Coalition, United Cerebral Palsy of Michigan and others (See Letters of Commitment)

ODH will develop a Strategic Plan to promote health of people with physical, intellectual, sensory and emotional conditions across four dimensions: 1) improving access of people with disabilities to health care and health screening, 2) promoting management by people with disabilities of their own health and risks through use of the *Living Well with a Disability* curriculum, 3) improving the response of health professionals to people with disabilities and their health, and 4) integrating disability and health into generic health promotion activities.

MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION

March 7, 2007

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Detroit*

*Toni Wilson
Waterford*

Carol Callaghan, Director
Division of Chronic Disease and Injury Control
Michigan Department of Community Health
P.O. Box 30195
Lansing, MI, 48913

Dear Ms. Callaghan:

On behalf of the Long-Term Care Supports and Services Advisory Commission, I am writing in support of the Division of Chronic Disease and Injury Control's proposal to the U.S. Centers for Disease Control regarding *Projects for Preventing Secondary Conditions and Promoting the Health of People with Disabilities*.

I am further writing to commit a Commission member to participate in and contribute to the proposed Project in the following ways:

- o Participation as a member of the Project's Advisory Council
- o Participation in the activities developed for the Project's Strategic Plan to promote the health of people with disabilities and prevent secondary conditions
- o The Long-Term Care Services and Supports Advisory Commission will continue to monitor, "Support, Implement, and Sustain Prevention Activities through (1) Community Health Principles, (2) Caregiver Support, and (3) Injury Control, Chronic Care Management, and Palliative Care Programs that Enhance the Quality of Life, Provide Person-Centered Outcomes, and Delay or Prevent Entry in the LTC system."

We embrace the objectives of Healthy People 2010 Focus Area 6/Disability and Secondary Conditions. Data clearly shows that health is a composite of many factors, and that many promising practices promote the health of people with disabilities. We are excited by the opportunity to improve the health of Michigan's citizen's with disabilities.

Sincerely,



Andrew Farmer
Chair

**SENATE FISCAL AGENCY
MEMORANDUM**



DATE: January 25, 2007

TO: Senator Michael D. Bishop, Majority Leader
 Senator Ron Jelinek, Appropriations Committee Chairperson
 Senator Mark H. Schauer, Democratic Leader
 Senator Michael Switalski, Appropriation Committee Vice Chairperson

FROM: Gary S. Olson, Director

RE: Potential Options to Balance the FY 2006-07 State Budget

As a result of the revisions in revenue estimates agreed to at the Consensus Revenue Estimating Conference held on January 18, 2007, the Senate Fiscal Agency (SFA) is now estimating that significant deficits exist in the FY 2006-07 General Fund/General Purpose (GF/GP) and School Aid Fund (SAF) budgets. Table 1 provides a summary of the SFA estimate of a \$441.9 million FY 2006-07 GF/GP budget deficit and Table 2 provides a summary of the SFA estimate of a \$377.4 million FY 2006-07 SAF budget deficit.

This memorandum is designed to provide options to the members of the Senate that might be considered to eliminate these projected budget deficits. The options include appropriation reductions, revenue increases, and one-time adjustments. The options outlined in the memorandum provide a broad listing of options, but they in no way should be interpreted as a complete set of options that could be employed to eliminate a projected budget deficit. The SFA has prepared these options based on our experience of issues that are likely to be considered when options to eliminate a budget deficit are discussed and debated. The SFA will be happy to provide you with any further background information regarding any of the options contained in this memorandum.

**Table 1
FY 2006-07
General Fund/General Purpose
Revenue, Expenditures, and Year-End Balance
(Millions of Dollars)**

	SFA Estimate
Revenue	
Beginning Balance	\$ 7.0
Consensus Revenue Estimate	8,230.0
Revenue Sharing Freeze	558.0
Non-Ongoing Revenue Adjustments:	
Land Sales.....	28.0
Shift of Short-Term Borrowing Costs to School Aid Fund.....	22.8
Liquor Purchase Revolving Fund Transfer to GF/GP	4.0
Consumer Finance Fees Transfer to GF/GP	7.0
Subtotal Non-Ongoing Revenue	61.8
Total Revenue	\$8,856.8
Expenditures	
Enacted Appropriations.....	\$9,222.8
Tobacco Settlement Revenue Shortfall.....	75.9
Total Expenditures	\$9,298.7
Projected Year-End Balance	\$ (441.9)

Table 2
FY 2006-07
School Aid Fund
Revenue, Expenditures, and Year-End Balance
(Millions of Dollars)

	SFA Estimate
Revenue	
Beginning Balance	\$ 0.0
Consensus Revenue Estimate	11,240.2
Midland Property Tax Case	(10.2)
GF/GP Grant	35.0
Federal Aid	1,411.2
Total Revenue	\$12,676.2
Expenditures	
Enacted Appropriations	\$13,093.8
Midland Property Tax Case	24.8
Appropriation Lapses	(65.0)
Total Expenditures	\$13,053.6
Projected Year-End Balance	\$ (377.4)

Appropriation Reduction Options

To develop a list of appropriation reduction options to balance the FY 2006-07 GF/GP and SAF budgets, the SFA has developed FY 2006-07 appropriation reductions that equate to 10.0% of the GF/GP appropriations in each department. Table 3 provides a summary of these GF/GP appropriation reductions by State department and also provides information as to what percentage of the Adjusted Gross appropriation of each department the GF/GP appropriation reductions represent. We have excluded from the listing of potential GF/GP appropriation reductions debt service payments on State Building Authority bonds (appropriated in the Department of Management and Budget) and debt service payments on General Obligation bonds (appropriated in Treasury-Debt Service). In addition, we have included reductions in State Restricted-funded appropriations in the Department of Transportation and Treasury-Revenue Sharing that, if implemented, increase GF/GP revenue. The GF/GP appropriation reductions contained in Table 3 total \$951.0 million; the table also includes a \$377.4 million appropriation reduction in the K-12 School Aid Fund budget. The total reduction amount is \$1.3 billion.

The GF/GP appropriation reductions contained in Table 3 are built on the assumption that the reductions would be implemented effective on April 1, 2007. This is a reasonable assumption as it will certainly take the Governor and the Legislature time to negotiate and enact any appropriation reductions agreement. Assuming an April 1, 2007, effective date of the appropriation reductions also provides time for the State departments and agencies to implement any appropriation reductions. This is especially important as some of the potential appropriation reductions outlined will require a significant reduction in State employment levels. Pursuant to Civil Service requirements, the layoff of State Civil Service employees requires 30 days of notification to the employee before a layoff can be implemented.

Attachment A provides the details behind the potential appropriation reduction options contained in Table 3. The GF/GP appropriation reductions outlined in Attachment A would result in the layoffs of approximately 5,000 State employees. The actual level of layoffs that would occur is very difficult to quantify as the number is impacted by a variety of factors including current vacant positions in the departments, the amount of annual leave payouts to laid-off employees, and other factors. It should be noted that in many instances the implementation of the appropriation reductions outlined in this memorandum will require statutory changes. These statutory changes could be accomplished in an Executive Order to reduce State appropriations pursuant to Sec. 18 of Article V of the State Constitution of 1963, or by separate legislation.

Attachment A also contains a discussion of the potential options to eliminate the projected \$377.4 million SAF budget deficit. The State School Aid Act provides for a process of implementing a pro-rata reduction of an estimated \$215 per pupil plus proportional reductions to intermediate school districts and other entities to eliminate the deficit. We have included an alternative way to eliminate the projected SAF budget deficit with reductions in K-12 School Aid appropriations outside of the pro-rata reduction.

Table 3

Summary of FY 2006-07 Budget Reduction Options					
Department/Budget Area	FY 2006-07 Adjusted Gross Appropriation	FY 2006-07 GF/GP Appropriation	Reduction Amount	Reduction as % of Adjusted Gross	Reduction as % of GF/GP
Agriculture	\$103,246,100	\$30,913,300	\$3,093,500	3.0%	10.0%
Attorney General	54,618,000	32,896,000	3,352,500	6.1%	10.2%
Capital Outlay	0	0	0	na	na
Civil Rights	14,020,200	12,454,000	1,257,200	9.0%	10.1%
Civil Service	30,759,000	6,972,400	697,200	2.3%	10.0%
Community Colleges	289,879,400	289,879,400	28,987,900	10.0%	10.0%
Community Health	11,158,871,300	2,940,082,700	294,008,300	2.6%	10.0%
Corrections	1,939,183,100	1,858,555,000	190,032,200	9.8%	10.2%
Education	90,590,100	6,592,500	659,300	0.7%	10.0%
Environ. Quality (Oper.)	411,099,900	33,828,400	3,383,300	0.8%	10.0%
Environ. Quality (CMI Bond)	14,411,000	0	0	0.0%	na
Executive	5,509,900	5,509,900	550,900	10.0%	10.0%
Higher Education	1,787,491,300	1,624,791,300	162,478,900	9.1%	10.0%
History, Arts, and Libraries	54,784,700	43,175,200	4,317,500	7.9%	10.0%
Human Services	4,465,032,600	1,197,447,900	119,744,800	2.7%	10.0%
Judiciary	256,864,600	160,604,800	16,100,000	6.3%	10.0%
Labor and Economic Growth	1,207,990,400	47,436,700	4,743,700	0.4%	10.0%
Legislative Auditor General	14,546,000	13,006,100	1,300,600	8.9%	10.0%
Legislature	116,576,400	115,066,600	11,506,700	9.9%	10.0%
Management and Budget	320,848,500	268,409,600	3,570,800	1.1%	1.3%
Military and Veterans Affairs	121,238,000	40,640,200	4,064,000	3.4%	10.0%
Natural Resources	284,547,300	25,269,600	3,949,100	1.4%	15.6%
School Aid	13,093,745,100	35,000,000	377,400,000	2.9%	na
State	184,793,500	19,132,700	1,954,500	1.1%	10.2%
State Police	546,646,100	249,298,700	24,929,900	4.6%	10.0%
Transportation	3,441,865,300	0	15,890,500	0.5%	na
Treasury (Debt Service)	100,158,200	76,243,700	0	0.0%	0.0%
Treasury (Operations)	375,065,500	56,509,700	5,650,000	1.5%	10.0%
Treasury (Revenue Sharing)	1,107,514,400	1,104,400	41,604,400	3.8%	na
Treasury (Strategic Fund)	80,401,200	32,009,200	3,200,900	4.0%	10.0%
Total	\$41,672,297,100	\$9,222,830,000	\$1,328,428,600	3.2%	10.1%^{a)}

^{a)} Percentage excludes K-12 School Aid Fund reductions

The reduction options contained in Table 3 and Attachment A will result in significant reductions in State services and the significant layoff of State employees. The options may not be in the best interest of public policy or politically feasible, but the SFA believes that they do provide you with a wide range of appropriation reduction options that could technically be implemented.

Revenue Increase Options

Table 4 (attached) provides a brief summary of some of the revenue increase options that might be considered to eliminate all or a portion of the projected FY 2006-07 State budget deficit. The table assumes that most of the tax policy changes would be implemented on April 1, 2007. We have included a January 1, 2007, effective date for an increase in the rate of the State income tax and the State education property tax. If a decision is made to increase these taxes, the State, by statute, could implement these increases retroactively to January 1, 2007. Table 4 also includes the yield of these potential tax increases on a full-year basis for the FY 2007-08 State budget. The SFA will be happy to provide you with further background information on these revenue options.

One-Time Adjustments

Over the past six fiscal years of budget difficulties in Michigan, plans to balance the budget have included a significant number of one-time items to increase revenue or reduce appropriations. One-time adjustments can be defined as changes that provide revenue increases or appropriation reductions in a single fiscal year, but do not provide on-going increased revenue or appropriation reductions. Examples of these one-time adjustments utilized over the past six fiscal years include: transferring of funds from the Budget Stabilization Fund, the appropriation of one-time prior-year budget surpluses, the advance of tax collection dates, the appropriation of emergency funds provided by the Federal government, the transfer of surplus restricted fund balances to the General Fund, and temporary wage concessions from State employees.

While these and other one-time adjustments to the budget help balance the current year budget, they create longer term structural problems in the budget. The use of a considerable amount of one-time adjustments in the budget is also a negative factor when debt rating agencies review the credit worthiness of the State in terms of establishing the credit rating on State debts. The following are a list of several types of one-time adjustments that could be considered to help balance the FY 2006-07 State budget.

Retirement System Changes: The required contribution rates to the State Employees Retirement System and the Public School Employees Retirement System depend on certain assumptions outlined in State law. These key assumptions include the assumed rate of return on retirement system investment assets and the methodology used to place a market value on the assets of the pension system. Potential changes in these assumptions could result in reductions in the required employer contribution rates into these systems. The downside of these types of changes are a potential impact on the credit rating of the State and the potential that short-term cost savings would be offset by higher costs over the long term.

Sale of State Assets: Over the past several fiscal years, Michigan has generated limited amounts of additional General Fund revenue from the sale of State assets. These transactions have involved the sale of surplus State land and buildings. In the early 1990s, the State sold the assets of the State Accident Fund to Blue Cross/Blue Shield of Michigan for a significant one-time cash payment. The State of Illinois is currently debating a proposal to sell the Illinois State Lottery to a private company. This sale, if completed, would generate a considerable amount of one-time revenue. Michigan could consider the sale of assets, such as the Michigan Lottery, in an effort to generate one-time revenue. The downside of using one-time revenue to balance a current-year budget deficit is that this practice leads to long-term structural imbalances in the budget. It is also clear that an extensive use of these types of one-time revenue sources could have a potential impact on the credit rating of the State.

The Issuance of State Debt: During 2006, the State of Michigan borrowed \$400.0 million against future tobacco settlement revenue to provide a one-time funding source for economic development projects financed by the State. Several states have borrowed against future tobacco settlement revenue and used the proceeds from this borrowing to balance the current year State budget. The downside of this approach is that the borrowing results in significant long-term debt service costs to repay the borrowing and the use of the borrowed funds creates structural imbalances in future State budgets. It is also clear that this approach to balance the State budget could have a potential impact on the credit rating of the State.

Accounting Changes: The State in recent years has used accounting changes as a temporary method to generate one-time savings in the budget. An example of this type of accounting change is how the accounting for the expenditures of the Merit Award Scholarship has been adjusted to reduce actual expenditures. This accounting change resulted in reduced expenditures on a temporary basis. There are certainly other accounting changes that could be implemented to temporarily reduce State expenditures. One such possible change would be in the accounting of the collection of the 18-mill nonhomestead property tax that is used to partially finance K-12 School Aid Fund expenditures. It may be possible to implement a one-time change in the accounting of this revenue source that would reduce State School Aid appropriations by approximately \$1.5 billion. The downside of this or any accounting change is the one-time nature of the savings and a potential impact on the credit rating of the State.

The SFA hopes that this memorandum provides you with a comprehensive overview of some options that could be utilized to balance the FY 2006-07 GF/GP and SAF budgets. The options outlined in the memorandum do not cover all of the potential options that could be considered, but they do provide you with a broad range of solutions to eliminate the projected budget deficit.

/kjh

Attachments

c: Ellen Jeffries, Deputy Director

Table 4

**Examples of Estimated Fiscal Impacts from Tax Increases in FY 2006-07 and FY 2007-08
(Millions of Dollars)**

Tax	Current Tax Rate	Tax Rate Change	New Tax Rate	Effective Date	Estimated New Revenue	
					FY 2006-07	FY 2007-08
Income	3.9%	0.1%	4.0%	1/1/07	\$124.4	\$168.2
Sales & Use ¹⁾	6.0%	1.0%	7.0%	4/1/07	\$690.3	\$1,416.5
Sales Tax on Services ²⁾						
Accommodations & Food Services.....	0.0%	6.0%	6.0%	4/1/07	\$6.4	\$13.0
Administration, Support, & Waste Management..	0.0%	6.0%	6.0%	4/1/07	537.6	1,102.1
Arts, Entertainment, & Recreation	0.0%	6.0%	6.0%	4/1/07	166.4	341.1
Construction.....	0.0%	6.0%	6.0%	4/1/07	665.9	1,365.1
Educational Services	0.0%	6.0%	6.0%	4/1/07	131.7	270.0
Health Care & Social Assistance	0.0%	6.0%	6.0%	4/1/07	1,302.2	2,669.4
Information	0.0%	6.0%	6.0%	4/1/07	213.4	437.5
Professional, Scientific, & Technical.....	0.0%	6.0%	6.0%	4/1/07	896.2	1,837.2
Real Estate, Rental, & Leasing.....	0.0%	6.0%	6.0%	4/1/07	215.9	442.6
Transportation & Warehousing	0.0%	6.0%	6.0%	4/1/07	27.0	55.2
Utilities.....	0.0%	6.0%	6.0%	4/1/07	36.8	75.3
Other Services	0.0%	6.0%	6.0%	4/1/07	192.4	394.3
Subtotal Sales Tax on Services					\$4,391.7	\$9,002.9
State Education (mills) ³⁾	6	1	7	1/1/07	\$349.1	\$367.3
Real Estate Transfer	0.75%	0.25%	1.0%	4/1/07	\$20.4	\$85.4
Cigarettes (per pack).....	\$2.00	\$1.00	\$3.00	4/1/07	\$220.6	\$432.4
Casino Gaming	12.1%	1.0%	13.1%	4/1/07	\$6.7	\$11.5
Liquor - GF/GP	4.0%	1.0%	5.0%	4/1/07	\$4.4	\$8.9
Liquor – SAF	4.0%	1.0%	5.0%	4/1/07	4.4	8.9
Beer (per barrel).....	\$6.30	\$1.00	\$7.30	4/1/07	\$3.5	\$6.9
Wine (per liter).....	\$0.135	\$0.01	\$0.145	4/1/07	\$0.3	\$0.6

¹⁾ Increase would require amending the Constitution.

²⁾ Estimates from the FY 2006-07 Executive Budget Appendix on Tax Credits, Deductions, and Exemptions.

³⁾ Increase would require a 3/4 vote in the Senate and House.

Department of Agriculture

A 10.0% General Fund/General Purpose (GF/GP) appropriation reduction equates to \$3,093,500. The major components of this reduction would include:

1. Management Services: \$325,200
2. Animal Industry Division: \$361,800
3. Bovine Tuberculosis: \$365,300
4. Pesticide and Plant Management: \$705,100
5. Environmental Stewardship Division: \$374,200
6. Laboratory Division: \$438,300
7. All Other Programs: \$823,600

The impact of these cuts would be reduction in the level of services provided. The potential layoffs associated with these reductions would be approximately 15 to 18 Full-Time Equated (FTE) positions.

Office of Attorney General

A 10.0% GF/GP appropriation reduction equates to \$3,352,500. The impact of these cuts would result in layoffs of approximately 100 FTEs.

Department of Civil Rights

A 10.0% GF/GP reduction equates to \$1,257,200. The impact of these cuts would result in the layoff of approximately 38 FTEs.

Department of Civil Service

A 10.0% GF/GP reduction equates to \$697,200. The impact of these cuts would result in the layoff of approximately 22 FTEs.

Community Colleges

A 10.0% GF/GP reduction equates to \$28,987,900. On the average, GF/GP funding accounts for 22.3% of total Community Colleges operating budgets. The impact of the 10.0% reduction in State appropriations equals a 2.2% reduction in the average operating budget for Community Colleges.

Department of Community Health

A 10.0% GF/GP reduction equates to \$294,008,300. The major components of this reduction would include:

1. Eliminating all programming funded with Healthy Michigan Fund: \$26,793,200
2. Eliminating Community Mental Health multi-cultural funding: \$5,163,800
3. Implementing 7.5% rate reduction for nonmanaged care Medicaid providers and local public health agencies. The reductions would not apply to health maintenance organizations and community mental health boards because of Federal requirements: \$49,032,800.
4. Reducing graduate medical education payments by 50.0%: \$18,538,500
5. Eliminating caretaker relative coverage under Medicaid: \$28,730,300
6. Implementing 7.5% rate reduction for health maintenance organization Medicaid providers. This may not be approved by the Federal government: \$16,892,200
7. Eliminating various Medicaid optional services (adult dental, podiatric, chiropractic, hearing aid): \$4,000,000

8. Implementing physician quality assurance assessment program similar to Governor's proposal for FY 2005-06: \$25,000,000
9. Eliminating Disproportionate Share Hospital payments to hospitals that treat a high percentage of uninsured and Medicaid clients: \$10,905,000
10. Eliminating Medicaid provider increases enacted in FY 2005-06 and FY 2006-07 for Community Mental Health wage increase, adult home health, physician services, etc.: \$12,768,800
11. Eliminating the Home and Community Based Waiver Program: \$21,810,000
12. Eliminating senior citizen volunteer services programs: \$2,812,500
13. Implementing a 45.0% reduction in Community Mental Health payments for non-Medicaid eligible clients: \$71,561,200.

Department of Corrections

A 10.0% GF/GP reduction equates to \$190,032,200. The major components of the reduction would include:

1. Eliminating academic and vocational education programs. This would require a statutory change to allow prisoners with a minimum sentence of more than two years to be granted parole without a GED. There are 375.0 FTEs appropriated in this program: \$18,431,500.
2. Eliminating substance abuse treatment and testing: \$9,155,500.
3. Enacting various reductions in community corrections programs: \$3,845,000.
4. Reducing clerical staff in the Department. This would result in layoffs of approximately 400 FTEs: \$5,899,700.
5. Reducing workers' compensation funding to reflect projected expenditures: \$2,000,000.
6. Closing existing facilities. Close 12 correctional facilities and four prison camps on April 1, 2007. These facilities house 13,454 prisoners and employ 3,250 FTEs. This reduction would be accomplished by paroling prisoners who are currently eligible for parole and moving nonparole eligible prisoners from the prisons that are closing to other facilities which are staying open: \$169,860,000.
7. Factor in layoff costs from prison closures and assume that all but 1,700 of the 3,250 FTEs laid off from the facilities closers will fill other vacancies within the Department. These layoff costs include annual leave payouts, insurance costs and unemployment costs: \$(20,301,400).
8. Housing an additional 240 Level IV prisoners at the Mound Correctional Facility: \$(2,400,000).
9. Hiring an additional 124 new parole field agents to handle increased parole count from the closure of facilities: \$(4,314,600).
10. Closing community re-entry centers and placing these offenders on electronic tether: \$6,081,600.
11. Reducing funding from the Michigan Prisoner Re-Entry Initiative by 15.0%: \$1,600,000.

Department of Education

A 10.0% GF/GP reduction equates to \$659,300. The major components of this reduction would include:

1. Eliminating funding for the Best Practices Study: \$175,000.
2. Reducing Departmental operational funding by 8.5%. This could result in a small level of Departmental layoffs: \$484,300.

Department of Environmental Quality

A 10.0% GF/GP reduction equates to \$3,383,300. Revenue from selected State restricted funds sources may be available to partially offset General Fund reductions, which would mitigate layoffs and program reductions. The major components of this reduction would include:

Attachment A

1. Reducing administrative programs by 2.2% of Gross appropriations, not including building occupancy charges or rental payments: \$541,800.
2. Reducing air quality monitoring by 2.0% of Gross appropriations. This would reduce the monitoring of air toxics and air quality: \$480,700.
3. Reducing environmental services and pollution prevention programs by 0.8% of Gross appropriations: \$103,800.
4. Reducing all land and water management programs by 5.7% of Gross appropriations: \$756,000 (likely to result in layoffs).
5. Reducing environmental cleanup site remediation by 1.1% of Gross appropriations: \$327,300.
6. Reducing waste and hazardous materials programs by 2.1% of Gross appropriations: \$157,000.
7. Reducing surface water, stormwater, and drinking water programs by 2.4% of Gross appropriations: \$1,017,200.

Executive Office

A 10.0% GF/GP reduction equates to \$550,900. These reductions would likely result in a number of layoffs to the 74.2 FTE authorization for the Executive Office.

Higher Education

A 10.0% GF/GP reduction equates to \$162,478,900. The major components of this reduction would include:

1. Reducing funding for all 15 universities, Agricultural Experiment Station, Cooperative Extension Service, Higher Education database, and the King-Chavez-Parks competitive grants by 9.32%: \$142,478,900. State appropriations as a percentage of total university general fund revenue are not uniform, and range from 49.5% at Wayne State University to 27.9% at the University of Michigan-Ann Arbor.
2. The Office of the Auditor General has recommended the establishment of an account payable for unclaimed scholarships in the Michigan Merit Award program. This proposal would eliminate the funding of the accounts payable: \$20,000,000.

Department of History, Arts, and Libraries

A 10.0% GF/GP reduction equates to \$4,317,500. The major components of this reduction would include:

1. Reducing arts and cultural grants by 20.0%: \$1,888,900.
2. Reducing State aid to libraries by 20.0%: \$2,428,600.

Department of Human Services

A 10.0% GF/GP reduction equates to \$119,744,800. The major components of this reduction would include:

1. Reducing Family Independence Program funding by 4.7% of Gross appropriation. This GF/GP reduction would put the State very close to the Federally mandated State maintenance of effort requirement: \$16,580,100.
2. Reducing Indigent Burial Program by 44.1% of Gross appropriation: \$2,600,000.
3. Reducing Day Care funding by 0.8% of Gross appropriation: \$3,867,800.
4. Reducing Foster Care funding by 4.4% of Gross appropriation: \$8,207,800.

5. Reducing Child Care funding by 28.0% of Gross appropriation. This would require a statutory change to eliminate the 50.0% reimbursement to local government. This may also create problems with Federally mandated State maintenance of effort requirements: \$54,500,000.
6. Reducing Adoption Subsidy funding by 1.1% of Gross appropriations: \$2,573,600.
7. Reducing Juvenile Justice facilities funding by 2.8% of Gross appropriations: \$1,509,000.
8. Reducing Departmental wide contracts, supplies, and other purchases by 15.9% of Gross appropriations: \$3,902,100.
9. Reducing Executive Office staff by 75 FTEs: \$1,478,700.
10. Reducing field office staff by 510 FTEs: \$10,111,800.
11. Reducing Juvenile Justice field staff by 115 FTEs: \$19,11,700.
12. Reflecting savings from staff reductions on fringe benefit costs: \$5,659,500.
13. Reducing Food Stamp Reinvestment project by 16.5% of Gross appropriation: \$1,867,800.
14. Reducing Departmental Information Technology costs by 2.9% of Gross appropriation: \$3,885,300.
15. Reducing Child Support Enforcement funding by 4.7% of Gross appropriation: \$1,089,600.

Judiciary

A 10.0% GF/GP reduction equates to \$16,100,000. The reduction in the Judiciary budget would be accomplished by a uniform reduction in all programs in the budget with the exclusion of Judges' salaries, which are set by the constitution. The percentage reduction to all programs would equate to 21.9% of Gross appropriations. This type of reduction would result in the layoff of approximately 80 FTEs and could have an impact on the level of employees in local courts.

Department of Labor and Economic Growth

A 10.0% GF/GP reduction equates to \$4,743,700. This reduction would be accomplished by reducing available grant funds by an amount of 23.45%. This would exclude grant funds used for Federal matching requirements and already distributed grants. These grants include personal assistance services, vocational rehabilitation independent living, liquor law enforcement, and fire protection grants to local governments.

Legislature

A 10.0% GF/GP reduction equates to \$12,807,200. These reductions would likely result in a number of layoffs for staff employed by the Legislature.

Department of Management and Budget

A 10.0% GF/GP reduction equates to \$3,570,750. This reduction excludes the GF/GP appropriation for State Building Authority rental payments. The major components of the reduction options include:

1. Reducing administrative operations of the department by 10.0%. This could result in the layoffs of approximately 10 FTEs: \$290,600.
2. Reducing utility costs to reflect lower heating costs: \$81,500.
3. Reducing motor vehicle fleet costs by 5.0%: \$2,836,200.
4. Delaying call center project in retirement services: \$350,000.
5. Reducing information technology costs by 3.0%: \$36,000.

Department of Military and Veterans Affairs

A 10.0% GF/GP reduction equates to \$4,064,000. The major components of the reduction would include:

1. Eliminating grants to veteran service organizations beginning in April 2007: \$1,956,200.
2. Eliminating one administrative position for administration: \$49,200.
3. Reducing GF/GP funding of the Grand Rapids and Jacobetti Veterans homes by 9.36%. This reduction is likely to lead to a reduction in services and layoffs at the veterans homes: \$2,058,600.

Department of Natural Resources

A 10.0% GF/GP reduction equates to \$3,949,100. Revenue from selected State restricted funds sources may be available to partially offset General Fund reductions, which would mitigate layoffs and program reductions. The major components of the reduction would include:

1. Reducing payments in lieu of property taxes on State-owned lands to local government units by 50.0% on the winter property tax bills: \$2,700,000.
2. Reducing Departmental administration by 1.4% of Gross appropriations: \$317,400.
3. Reducing all land and real estate activities by 0.2% of gross appropriations: \$34,600.
4. Reducing wildlife funding by 0.7% of Gross appropriations: \$208,800.
5. Reducing forest, mineral, and fire management funding by 2.5% of Gross appropriations: \$465,100.
6. Reducing law enforcement activities by 0.7% of Gross appropriations: \$223,200.

School Aid

Pursuant to provisions of the State School Aid Act, the projected FY 2006-07 School Aid Fund deficit of \$377.4 million will be eliminated by a pro-rata reduction of an estimated \$215 in the basic foundation allowance, and some proportional reductions in funding to intermediate districts and non-school entities receiving funds in the School Aid Act. These reductions will take place unless the Governor and the Legislature agree on an alternative plan to eliminate the projected budget deficit. The following is an alternative plan to eliminate the School Aid Fund deficit by reductions in appropriations:

1. Eliminate Sec. 20J funding of hold harmless mills for certain schools and allow these school districts to ask the voters to approve an operating property tax increase to make up for the lost revenue: \$52,800,000.
2. Eliminate the funding for the following categorical grants that have already been placed on hold pursuant to action by the Department of Education. These categorical grants are: Mercy education project, children of incarcerated parents, book a month, early intervening, conductive learning center study, international baccalaureate, Kalamazoo pre-college engineering, automatic external defibrillators, school mapping, positive behavior support and web-based testing: \$5,225,000.
3. Eliminate all funding for new grant programs. These programs include: middle school math, equity payments, declining enrollment, Inkster Public Schools, FIRST robotics, and health/science middle college: \$62,275,000.
4. Reduce recent funding increases for other grants. These include: adult education, interagency early childhood grants, great start ISD, and math and science centers: \$7,174,000.
5. Reduce all other nonmandated categorical grants by 46.0%. These include: at-risk, adult education, school readiness, youth challenge, interagency early childhood, great start ISD, bilingual education, special education millage equalization, special education lending libraries, gifted and talented, vocational education, pre-college engineering, and math and science centers: \$238,475,638.

Department of State

A 10.0% GF/GP reduction equates to \$1,954,500. The major components of the reduction would include:

1. Reducing Departmental staffing in administrative positions by 10.0%. The result would be a layoff of 4 FTEs: \$114,900.
2. There are currently 153 standard branch offices, 22 plus center branches and five super center branches. Closing the five super center branch offices would result in the potential layoffs of 55.7 FTEs: \$1,750,000.
3. 3) Reducing qualified voter file funding by 3.0%: \$56,500.
4. Reducing information technology appropriations by 3.0%: \$33,000.

Department of State Police

A 10.0% GF/GP reduction equates to \$24,929,900. The major components of the reduction would include:

1. Eliminating secondary road patrol grants to counties effective April 1, 2007: \$6,000,000.
2. Eliminating GF/GP support for the Michigan Council on Law Enforcement Standards administrative functions and replace with Michigan Justice Training Fund revenue originally slated for justice training grants: \$950,000.
3. Eliminating Michigan Justice Training Fund grants effective April 1, 2007: \$3,400,000.
4. Eliminating auto theft prevention grants effective April 1, 2007: \$3,400,000.
5. Lapsing to the General Fund unspent carryforward balance in the Auto Theft Prevention Fund: \$6,200,000.
6. Eliminating funding for the August 2007 trooper school: \$2,500,000.
7. Laying off 24 Michigan State Police troopers and one civilian employee: \$2,479,900.

Department of Transportation

The appropriation for the Department of Transportation is funded with constitutionally earmarked motor fuel taxes and vehicle registration fees, with the exception of programs funded from the Comprehensive Transportation Fund. The Comprehensive Transportation Fund is funded from a combination of constitutionally earmarked revenue and sales tax revenue dedicated by statute. The programs funded with Comprehensive Transportation Fund revenue can be reduced up to the level of the sales tax included in the Fund and the savings result in GF/GP increased revenue. The proposed reduction in programs funded with Comprehensive Transportation Fund revenue is \$15.9 million. The major components of this reduction would include:

1. Reducing local bus operating subsidies by 2.0%. This returns the funding to the FY 2005-06 level: \$3,347,900.
2. Reducing intercity passenger and freight programs by 22.8%. This returns the funding to the FY 2005-06 level: \$3,700,000.
3. Reducing bus capital grants to locals by 25.4%. This returns the funding to the statutory minimum: \$6,909,300.
4. Reducing specialized services funding by 11.5%. This returns the funding to the FY 2005-06 level: \$470,200.
5. Reducing transportation to work funding by 25.7%. This returns the funding to the FY 2005-06 level: \$1,244,000.

Department of Treasury

A 10.0% GF/GP reduction equates to \$5,650,000. The major components of the reduction would include:

1. Reducing the revenue enhancement line-item by using prior fiscal year carry-forward revenue plus reduce funding for the personal property tax audit and principal homestead exemption audits. These programs in FY 2006-07 can be funded out of unspent prior year balances: \$3,700,000.
2. Reducing the funding for senior citizen cooperative housing tax exemptions to reflect balances from prior fiscal years and the reduction of assessments for several large facilities: \$1,450,000.
3. Reducing funding of telephone/telegraph property tax appraisals to reflect vacant positions currently not filled in this program: \$500,000.

Department of Treasury-Strategic Fund Agency

A 10.0% GF/GP reduction equates to \$3,200,900. The major components of this reduction include:

1. Reducing administrative funding by 2.0%: \$49,000.
2. Reducing job creation services by 2.0%: \$349,900.
3. Reducing economic development job training grants by 21.3%: \$2,084,500.
4. Reducing Michigan promotion program by 12.6%: \$717,600

Department of Treasury-Revenue Sharing

The FY 2006-07 appropriation for revenue sharing payments includes payments of \$892,400 for special census revenue sharing. These payments are for local units of government who have exhibited significant population growth since the 2000 census. Eliminating these payments does not affect other revenue sharing payments. Revenue sharing payments to cities, villages, and townships are funded from constitutionally and statutory earmarked sales tax revenue. The FY 2006-07 appropriation for statutory revenue sharing payments is \$405,900,000. If the statutory revenue sharing payments are reduced effective with payments made after April 1, 2007, the remaining amount of these payments would be \$158.3 million. If the remaining payments were reduced by 25.6%, this would equate to a 10.0% reduction in the level of statutory revenue sharing payments for the fiscal year. This reduction would be \$40,500,000.



Michigan League for Human Services

Michigan's Fiscal Crisis

Presented to

Long Term Care Supports and Services Advisory Commission

March 26, 2007

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A United Way Agency

Michigan League for Human Services

Michigan's Fiscal Crisis Is In Its Seventh Year

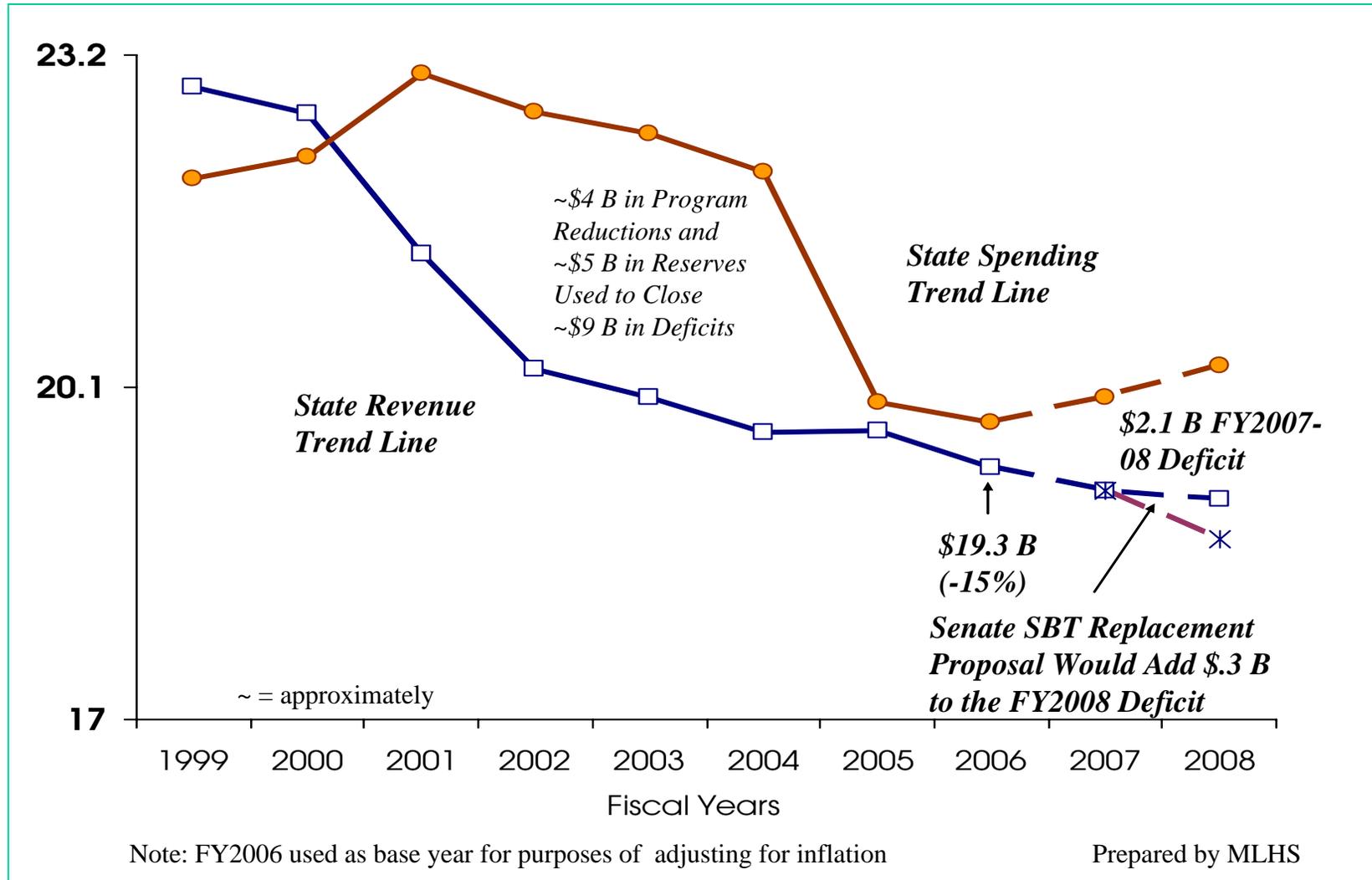
- Revenue decline began in 2001
- State revenues are nearly 30% lower than in 2000
- State tax cuts since 1994 have reduced revenues; \$3.2 billion less in FY2006
- Fewer state employees than any time since early 1970s
- 1.3 million more residents need services

Causes of Michigan's Budget Problems

- Tax cuts throughout the 1990s—even when the economy worsened
- Weak auto sales; significant loss of market share by big three auto companies
- Outdated tax structure
- Spending pressures exceed growth in revenues (Medicaid/Corrections)

THE RESULT IS A STRUCTURAL DEFICIT

Michigan Revenue and Expenditure Trend Lines FY1999 Through Projected FY2008 (GF & SAF \$s in billions adjusted for inflation)

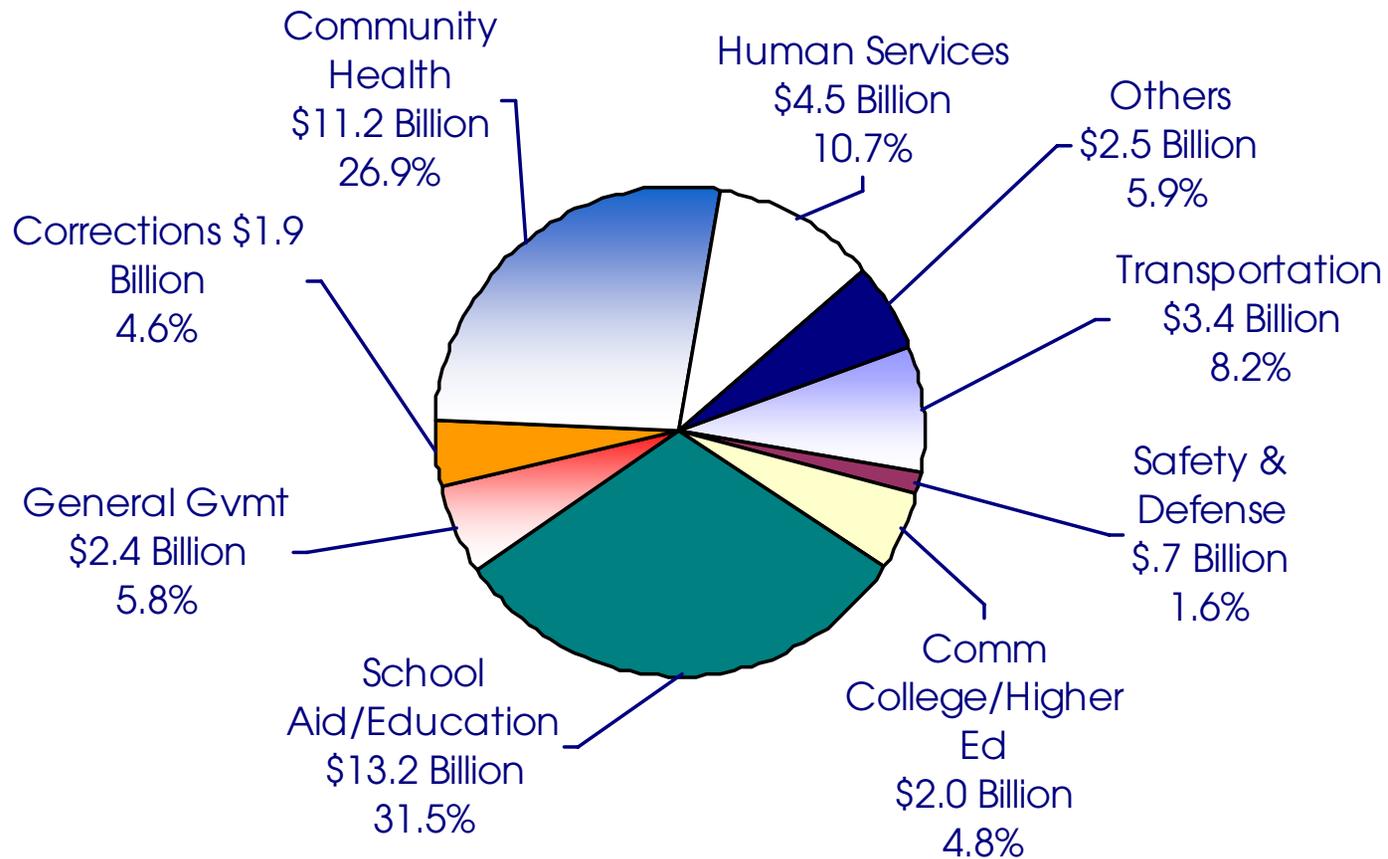


How Bad is Michigan's Fiscal Crisis?

- Current Fiscal Year (Oct. 1, 2006 – Sept. 31, 2007) shortfall—approximately \$900 million
- Fiscal Year 2007-2008 (Oct. 1, 2007 – Sept. 31, 2008) shortfall—approximately \$1.2 billion
- Loss of single Business Tax (SBT) Revenue effective January 1, 2008 if legislature fails to act—\$1.2 billion
- ***Revenue shortfall over next 18 months—\$3 billion – \$3.5 billion***
- ***The structural deficit adds \$400 million each year***

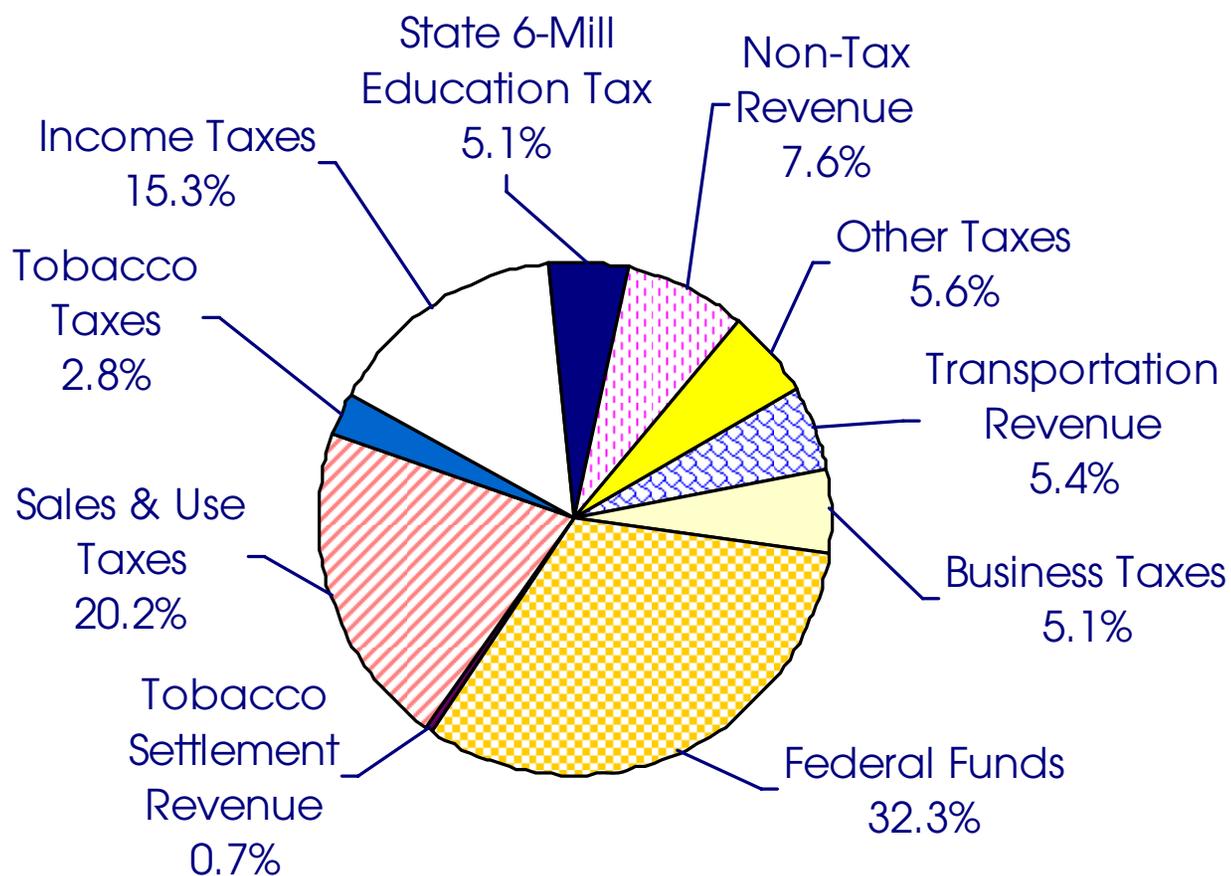
Putting the Numbers in Perspective: A Look at Michigan's Budget

FY 2006-07 Adjusted Gross Executive Recommendation (\$41.9 Billion)



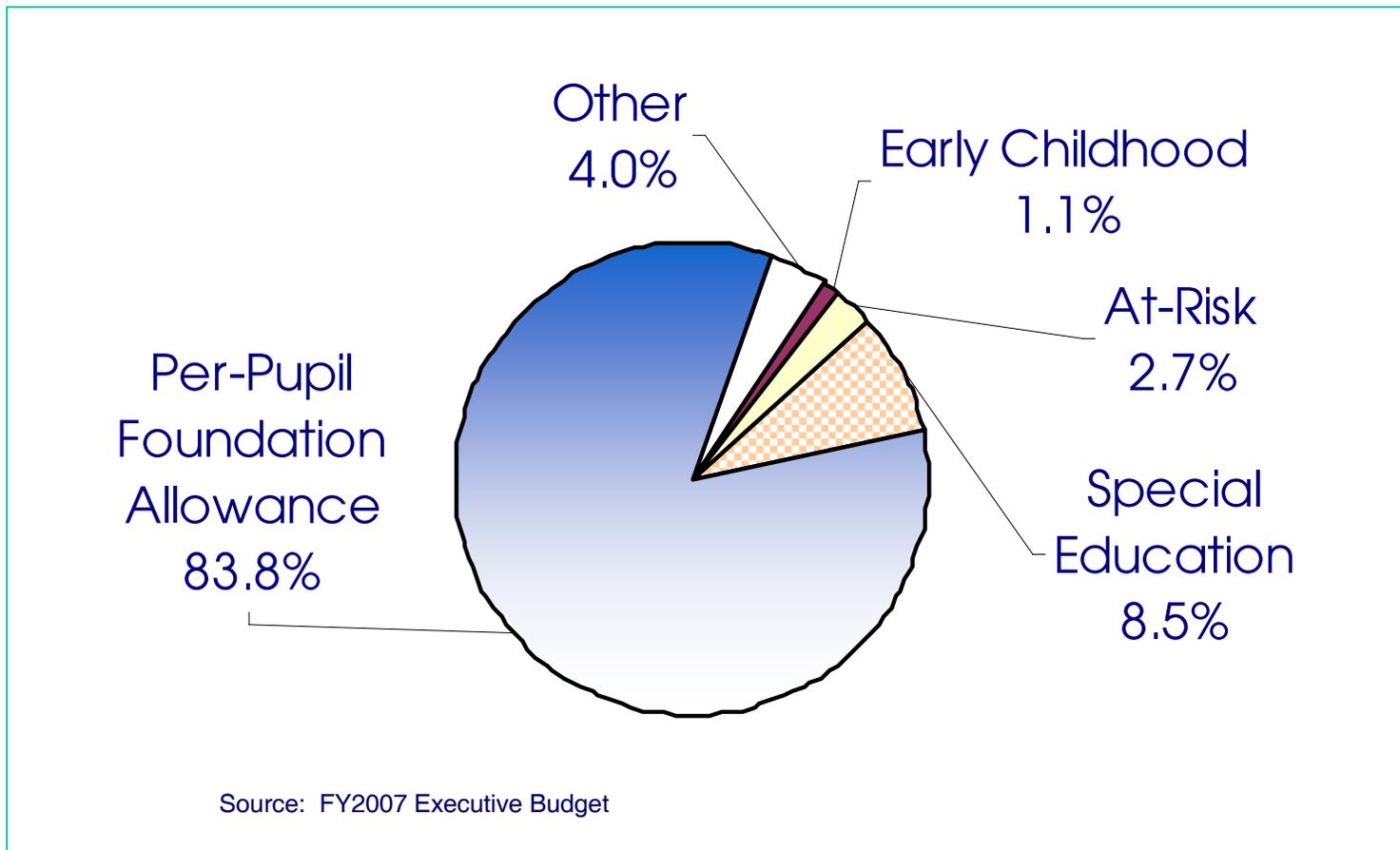
Source: FY 2007 Executive Budget

Total Revenue by Source FY 2006-07 (\$41.7 Billion)

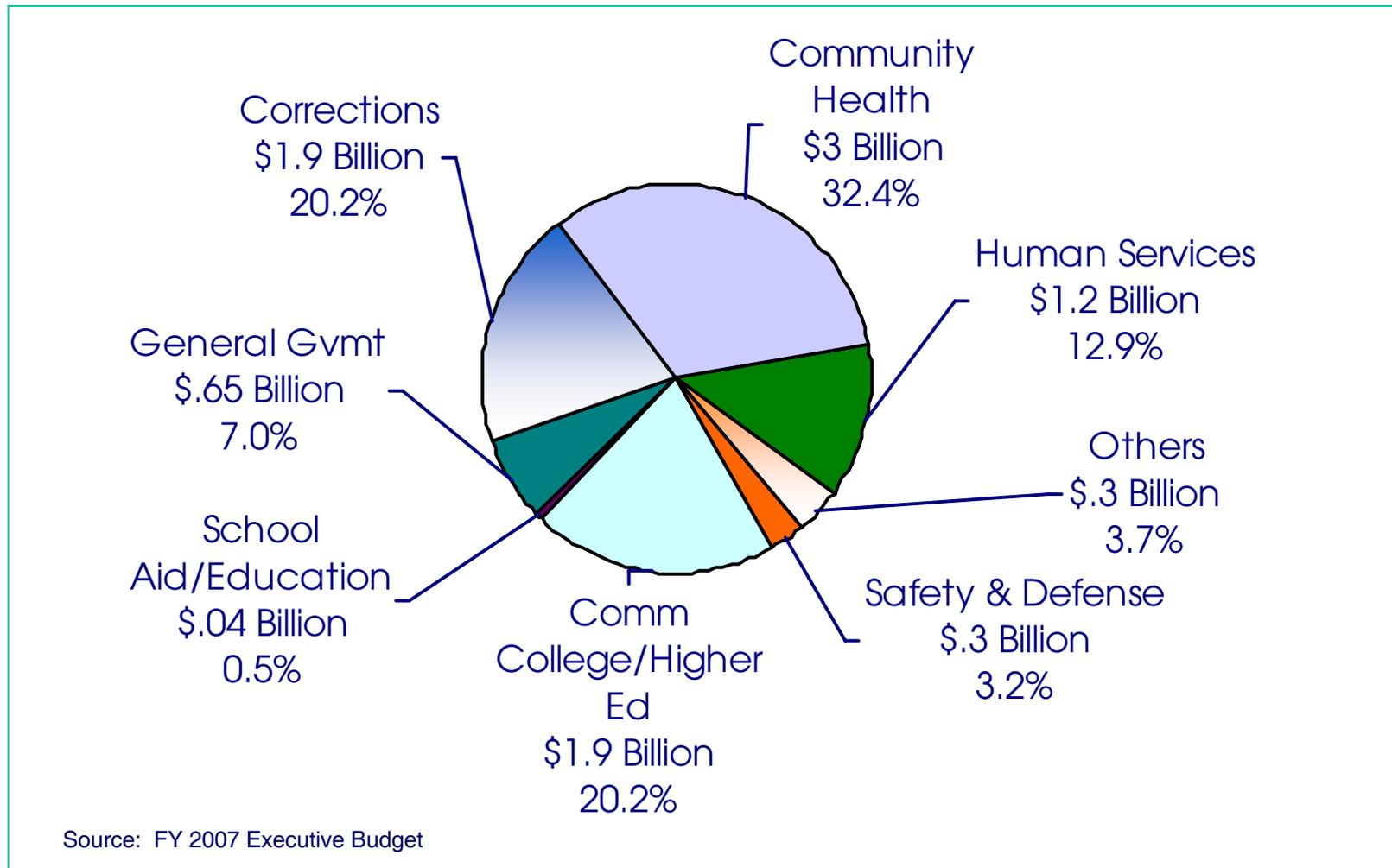


Source: House Fiscal Agency, June 2006

FY 2006-07 School Aid Fund Recommendation (\$11.7 Billion)



FY 2006-07 GF/GP Executive Budget Recommendation (\$9.3 Billion)



A Mix of Solutions Have Been Used to Balance Michigan's Budget

- One time revenue measures—approximately \$6.5 billion since 2001
- Program reductions—approximately \$4 billion since 2001
- Some revenue increases
 - Approximately \$1 billion--less than 13% of total deficits since FY2001
 - Cigarette and tobacco increases
 - Casino taxes
 - Bad driver fees

What Should Michigan Do Next?

Recommendations of the Governor's Emergency Fiscal Advisory Panel:

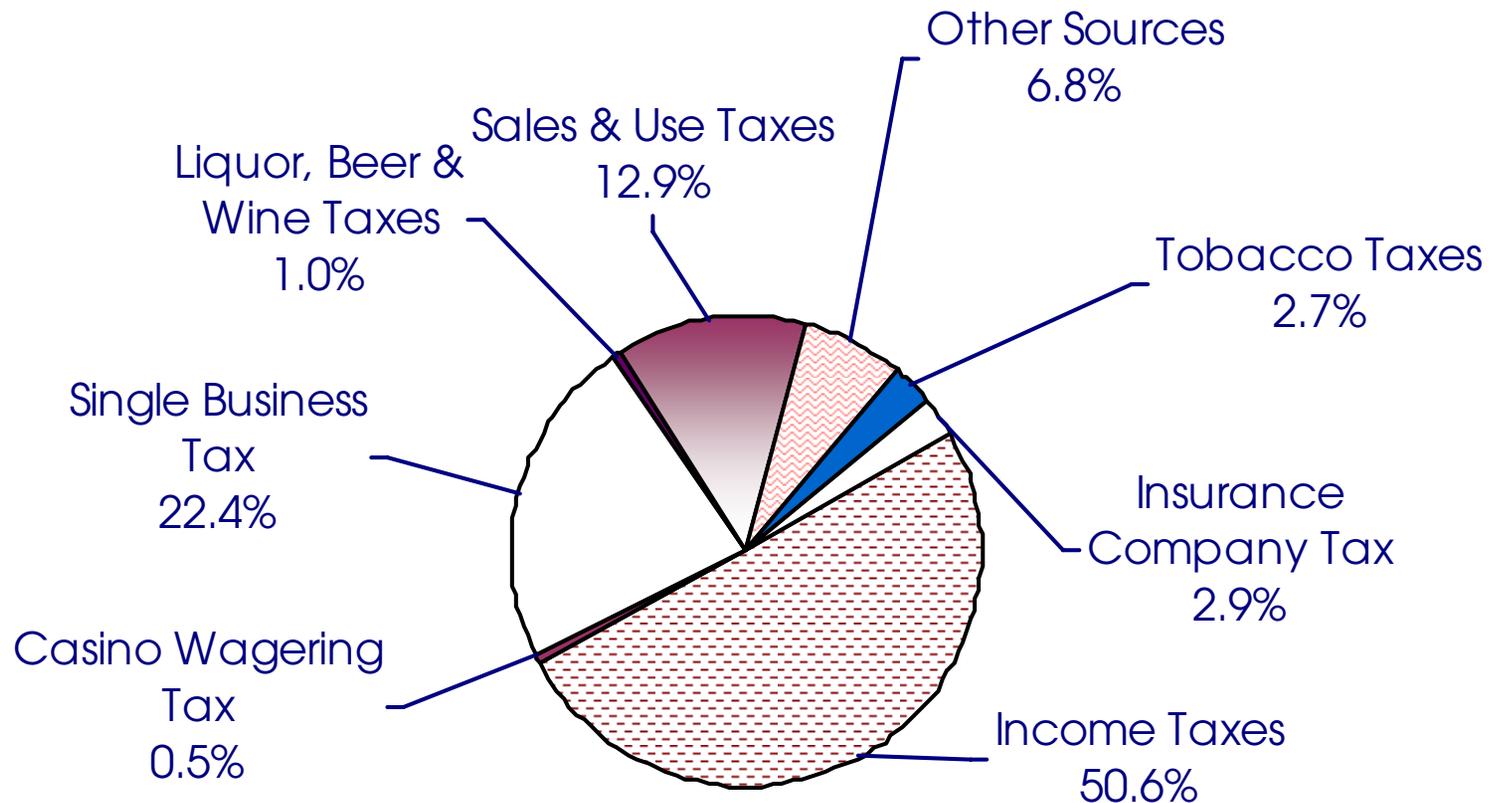
- Fundamental reform of both spending and taxes
- Create a modern tax structure
- End disinvestment in education and other assets that define our quality of life
- Develop a fiscal plan that includes revenue increases, spending cuts and reforms the delivery of public sectors

What Would \$3.5 Billion in Cuts Mean?

- Cutting all funding for universities and community colleges **AND** eliminating all mental health services; or
- Eliminating all health care programs for seniors and children living in poverty **AND** releasing all 51,000 prisoners; or
- Cutting \$2,000 in per pupil aid to public schools (nearly one-fourth); or
- Cutting every department of state government by at least 10 percent.

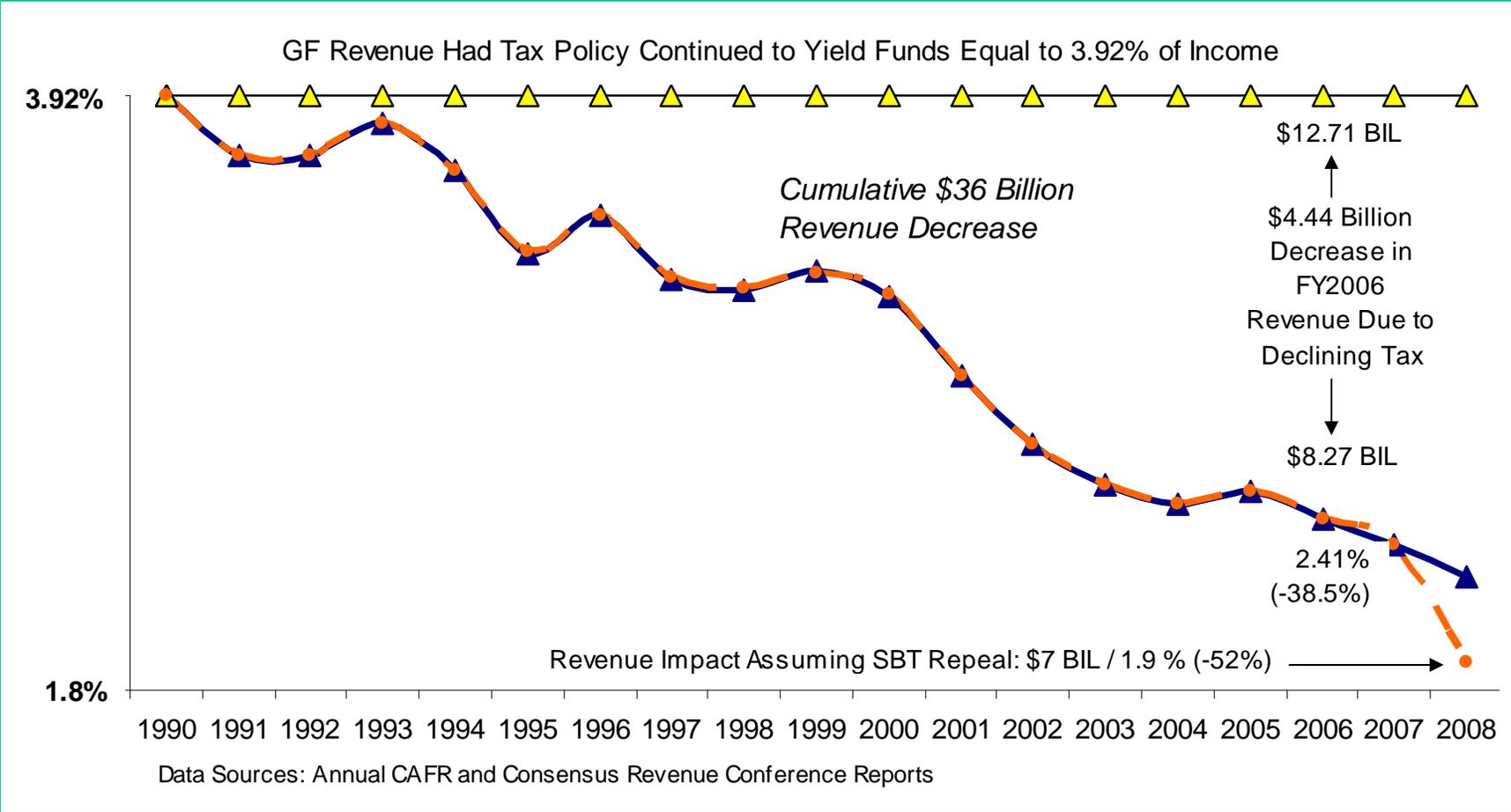
Understanding Michigan's Revenue Structure: Where Does the Money Come From?

GF/GP Revenue by Source FY 2006-07 (\$8.4 Billion)

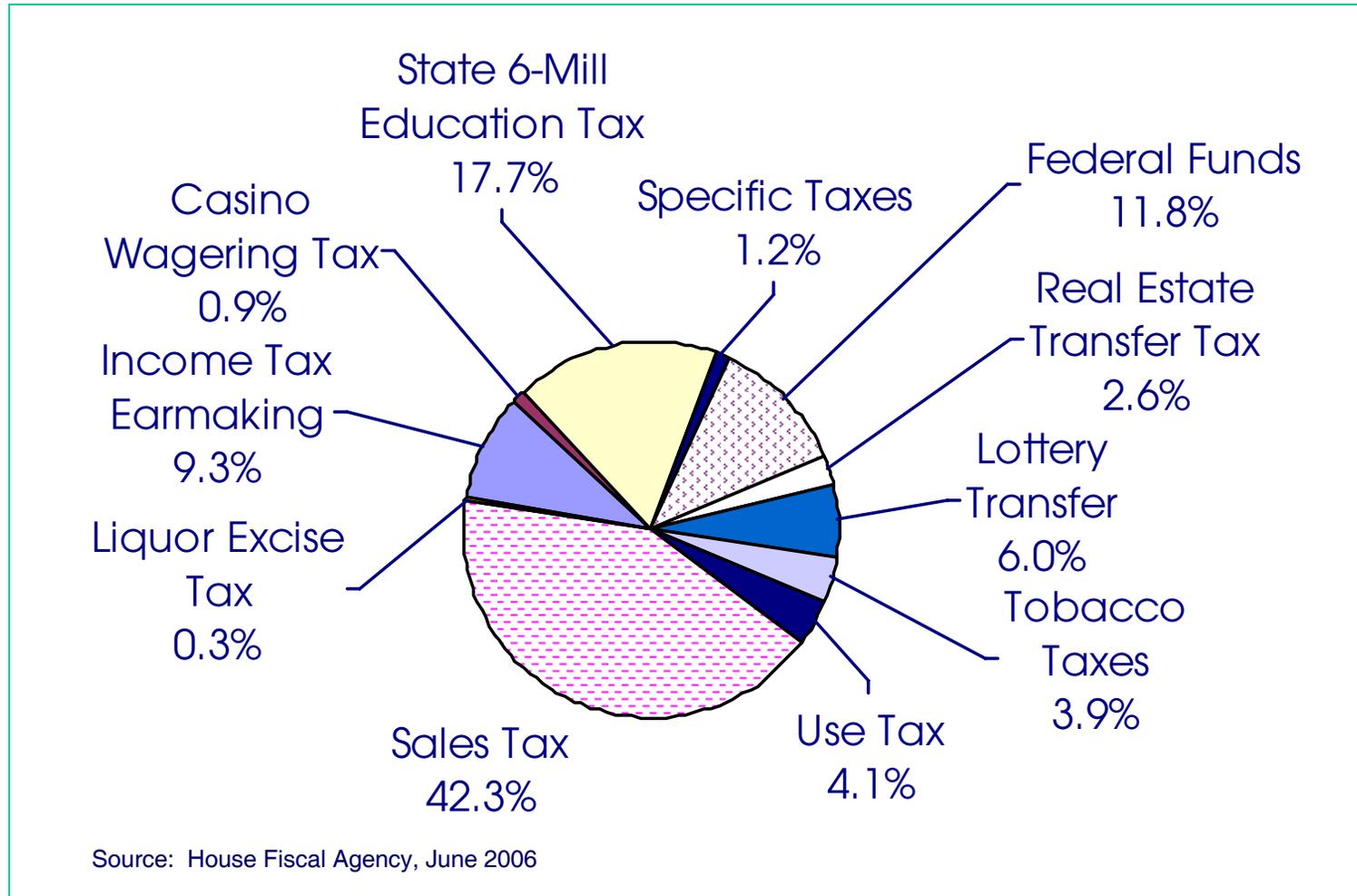


Source: House Fiscal Agency, June 2006

Actual and Projected General Fund Revenue as a Percentage of Total Personal Income



School Aid Fund Revenue by Source FY 2006-07 (\$12.9 Billion)



Michigan's Tax Structure is Out-of-Date

- Based on a goods producing economy (more than half of economic activity now in the service sector)
- Can't capture economic growth
- Highly regressive
 - Flat income tax
 - Michigan tax threshold for mom and 2 children-- \$10,800 (Federal poverty level is \$15,577)

What Should We Do?

Replace the Single Business Tax

- Must be revenue neutral
- Can't shift the burden to families and individuals
- Can't draw upon solutions needed to resolve the structural deficit

What Should We Do?

Cont'd.

Do Not Continue to Cut Taxes

- Michigan is not a high tax state
- Michigan ranked 25th in the nation in share of personal income for 2003-2004
- Michigan's tax burden has been steadily declining; General Fund Revenue as a share of personal income has declined by over 38 percent since 1990
- Businesses make location decisions based on availability of a skilled workforce, infrastructure and quality of life

What Should We Do?

Cont'd.

- Broaden the sales tax base to include services
- Eliminate tax expenditures by closing tax loopholes (i.e. outdated or unfair credits, exemptions, deductions and exclusions)
- De-couple from the federal estate tax
- Reform Michigan's income tax
 - Graduated income tax
 - Millionaire's tax

What Should We Do?

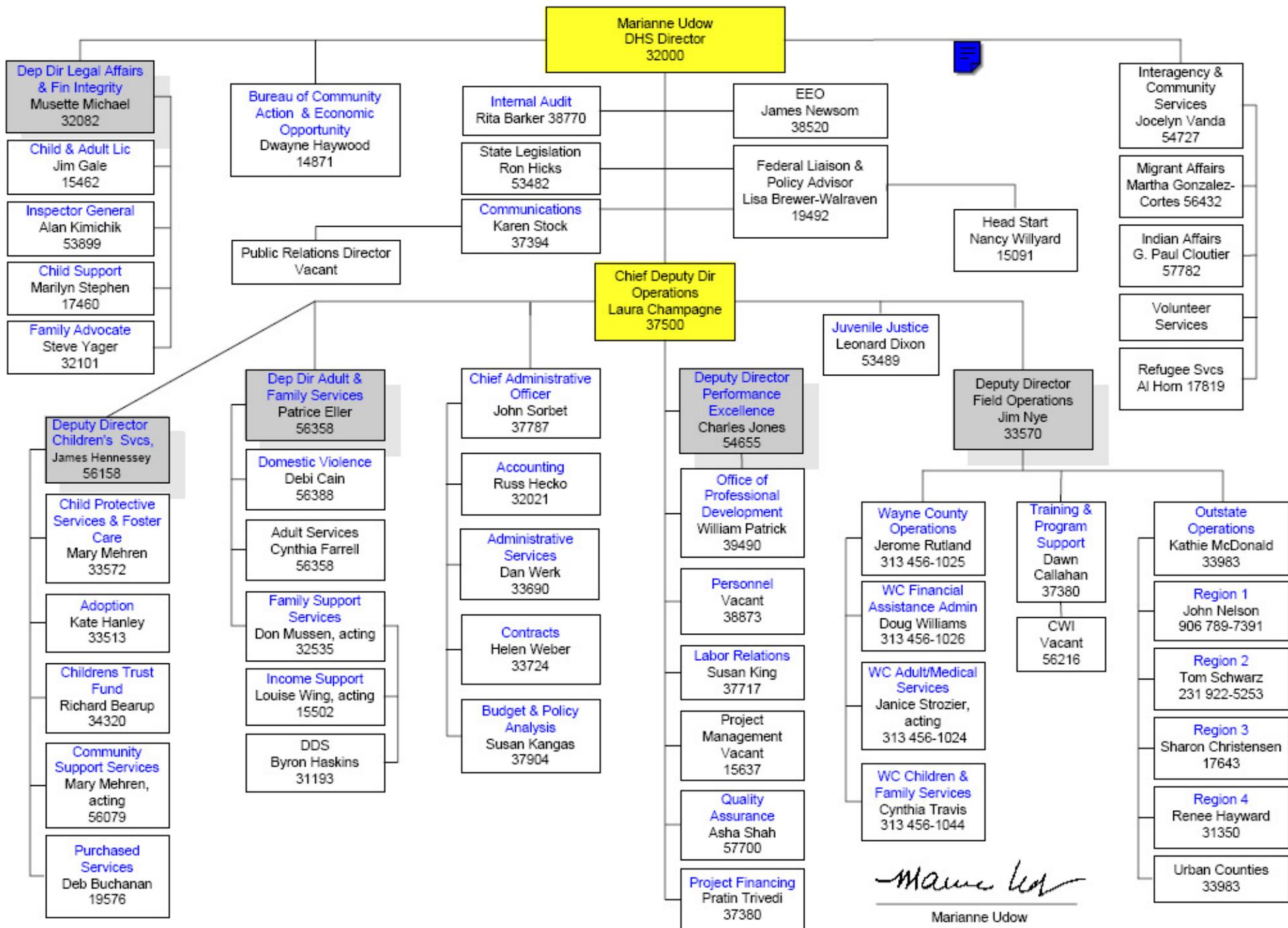
Cont'd.

- Begin to address senior preferences
- Restructure delivery of services
 - Local consolidations (schools, municipalities)
 - Corrections reform
- ***Michigan needs a tax structure for the future that is adequate, stable and fair***



Michigan League for Human Services

The Michigan League for Human Services is a state-level policy organization focused on the needs of Michigan's low-income families and individuals. The League's activities include research, analysis, public education and advocacy. The League was founded in 1912 and is a private, nonprofit charitable organization.

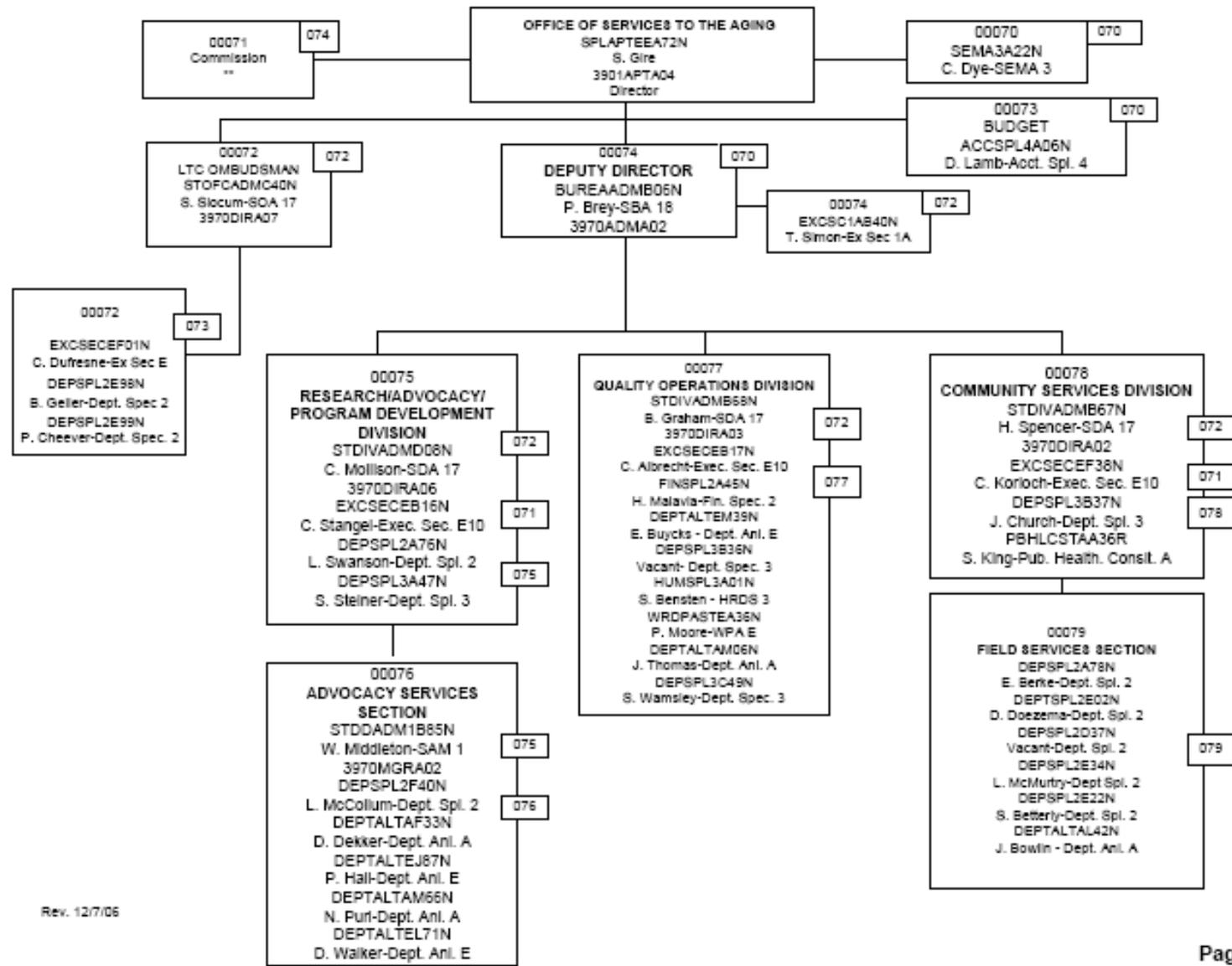


Marianne Udow

Marianne Udow
Director
September, 2006

MDCH Organization Chart

12/8/2006



Rev. 12/7/06

LONG-TERM CARE
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OFFICE/PROGRAM	RESPONSIBILITY
Department of Human Services (DHS)	
Adult and Family Services	<p>Range of Medicaid and non-Medicaid services to individuals of any age who require consultation or assistance to maintain and maximize functional capacity within their own homes or other independent living arrangements. This is also called “Home Help” for Medicaid consumers.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Information and referral • Protection (guardian/conservator) • Counseling • Education • Employment and training • Health related • Money management • Assistance with activities of daily living and independent activities of daily living
Adult Protective Services (APS)	Investigate allegations of abuse, neglect or exploitation and provide protection to vulnerable adults.
Adult Community Placement	Assistance to individuals and families in locating and selecting licensed community care facilities for people who can no longer live independently. Program staff is also responsible for assuring that a monthly personal care/supplemental payment is made to the facilities.
Child and Adult Foster Care Licensing (CAFCL)	Licensing and regulation of family, small, large and congregate adult foster care homes, homes for the aged, and specialized programs for developmentally disabled and/or mentally ill individuals who reside in adult foster care homes.
Field Operations	Processing assistance applications, including Medicaid and Food Stamps, hearing appeals; provides emergency needs services (e.g., heating assistance), Work First; Jobs, Education & Training (JET); assist person on assistance to obtain employment

LONG-TERM CARE
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Department of Labor and Economic Growth (DLEG)	
Division on Deaf and Hard of Hearing	<ul style="list-style-type: none"> • Technical support • Information and Referral Services • Accommodations • Interpreter Information and Services • Research and Statistics
Services to Disable Persons:	<p>Michigan Rehabilitation Services assist disabled customers to determine an employment goal, develop an employment plan, follow and achieve the goal of the plan. The following services are provided free of charge: disability assessments, vocational evaluations, counseling, job placements services and follow up services. MRS also provides Independent Living/Independent Living Center grants to help maintain a statewide network of independent living centers, develop new centers and reimburse individuals for the personal assistance they need to enter and maintain employment</p> <p>Michigan Rehabilitation Services works with employers to assess accommodation needs, to place job applicants, and to assimilate disabled workers in to their workforce.</p>
Michigan Commission for the Blind	Michigan Commission for the Blind works directly with businesses and provides services to employers at no cost to help them retain or hire blind or visually impaired employees.
Senior Blind Program	Independent Living (IL) Services is a federal-state partnership providing services to older blind individuals so they can be as independent in their daily lives as possible. Services include information and referral, rehabilitation teaching services, orientation and mobility, low-vision services, adapted aids and appliances, daily living skills, leisure activities, counseling, Braille and other communication methods, and peer support groups.
Michigan Commission on Disability Concerns	Information and referral assistance, disability rights training, working with the Michigan Business Leaders Network on employment for people with disabilities, coordinating the Michigan Youth Leadership Forum and conducting disability awareness and sensitivity training.
21st Century Regional Planning Initiative	The 21st Century Regional Planning initiative is an attempt to promote a regional approach to address immediate and long-term workforce needs of employers and workers. State grants were awarded to thirteen regions made up of one or more Michigan Works! Agencies. The grant supports the collaborative efforts between the Michigan Works! Agencies and regional partners including local government leaders, labor representatives, business/chamber of commerce leadership, community colleges, ISDs and other education providers, local economic development agencies, and community service agencies.

**LONG-TERM CARE
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<p>Michigan Regional Skills Alliances (MiRSA)s</p>	<p>A MiRSA is a regionally and industry-based consortium or partnership among employers, educational institutions, training providers, economic development organizations, and public workforce system agencies. Funded with Workforce Investment Act state dollars, each partnership addresses workforce issues within a particular industry such as healthcare, construction and advanced manufacturing. Currently, Michigan has thirty-one MiRSAs within eight industry sectors.</p>
<p>Rapid Response Team Process</p>	<p>The Rapid Response Team addresses the needs of employers and employees when a facility closure or layoff impacts at least 50 workers. Meetings are scheduled to provide employers and employee representatives an opportunity to obtain invaluable information about dislocated worker services that are available locally and free to eligible applicants. The Rapid Response Team works together to ensure that both employers and their employees receive all available assistance to help through the closure/layoff process.</p>
<p>Michigan Works! Agency (MWA) Operated Programs funded through DLEG</p> <ul style="list-style-type: none"> • Work First! 	<p>Bureau of Workforce Programs assist employers in meeting workforce needs through the services of the Michigan Works One Stops, as well as regional planning efforts such as the 21st Century Regional Planning Initiative that promotes a regional approach to address the long term workforce needs of employers and workers. In addition the bureau supports Regional Skills Alliances that are sector-based partnerships among employers, educational institutions, training providers, economic development organizations, and public workforce agencies. There are currently 12 health care sector RSAs.</p> <p>Work First is designed to establish and maintain a connection to the labor market for Temporary Assistance for Needy Families (TANF) recipients, Non-Custodial Parents (NCPs), and recipients of non-cash assistance such as Child Day Care, Medicaid, and Food Stamps. The funds for Work First Programs are used to provide job search services, education and training programs, and employment-related supportive services such as transportation allowances, uniforms, tools, and automobile repairs</p>
<ul style="list-style-type: none"> • Jobs, Education and Training (JET) 	<p>The JET Program is a partnership between the MWAs, DHS, and DLEG's Bureau of Workforce Programs (BWP) and Michigan Rehabilitation Services (MRS) to connect Michigan's families with the kind of jobs, education, and training opportunities that will help them achieve self-sufficiency and meet the workforce and skill needs of Michigan's businesses. The JET Program was originally piloted on April 1, 2006, in Kent, Oakland (Madison Heights District), Sanilac, and Wayne (Glendale/Trumbull District) Counties. The initial sites are expected to continue operation through September 30, 2007. In addition, to meet legislative requirements, Oakland and Wayne counties were expanded and other locations added to the pilot.</p>

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<ul style="list-style-type: none"> • Dislocated Worker Program 	<p>The Dislocated Worker Program provides workforce investment activities that increase the employment, retention, earnings, and occupational skill level of participants. Services include, but are not limited to, outreach, intake, orientation to other services, initial assessment, job search, placement assistance and group counseling. Training services include on-the- job training, skill-upgrading, and occupational skills training.</p>
<ul style="list-style-type: none"> • Trade Adjustment Assistance Program 	<p>The Trade Adjustment Assistance (TAA) program is a federal entitlement program established under the Trade Act of 1974, as amended. The TAA program provides aid to workers who lose their jobs or whose hours of work and wages are reduced as a result of increased imports. Workers may be eligible for training, job search and relocation allowances, income support, and other re-employment services.</p>
<ul style="list-style-type: none"> • Workforce Investment Act (WIA) Youth Program 	<p>The youth program is linked closely to the local labor market needs and community youth programs and services. The types of services that are included in the youth program include tutoring, study skills training, alternative secondary school offerings, summer employment opportunities, paid and unpaid work experience, occupational skill training, leadership development opportunities, supportive services, adult mentoring, follow-up services, and comprehensive guidance and counseling.</p>
<ul style="list-style-type: none"> • Workforce Investment Act (WIA) Adult Program 	<p>The Workforce Investment Act Adult Program provides workforce investment activities that increase the employment, retention, and earnings of participants, and increase occupational skill attainment by participants. Services include outreach, intake, orientation to other services, initial assessment, job search, placement assistance and group counseling. Training services include on-the- job training, skill-upgrading, and occupational skills training.</p>
<ul style="list-style-type: none"> • Displaced Homemaker Program 	<p>The Displaced Homemaker Program provides employment and training services to displaced homemakers so they can achieve and retain full-time, unsubsidized employment. Displaced homemakers' employment and training needs are assessed on an individual basis and services are tailored to meet each participant's individual needs.</p>
<p>Michigan State Housing Development Authority (MSHDA)</p>	
	<p>MSHDA is the only state agency that provides affordable housing, rental assistance, home purchase and improvement capability, community improvements and assistance in housing issues for the homeless. It is funded through the sale of tax-exempt bonds.</p>
<p>Low Income Housing Tax Credit</p>	<p>Administers the federal Low Income Housing Tax Credit according to a Qualified Allocation Plan. At a minimum, 20 percent of units must be for households with incomes at or below 50 percent of area median – or 40 percent at 60 percent of median income.</p>

LONG-TERM CARE
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<p>Rental Options</p> <ul style="list-style-type: none"> Rental Developments for Seniors 	<p>These developments are usually located in a community setting and be congregate care apartment developments. All MSHA-finances rental developments have common areas; some have federal subsidies to help lower-income tenants pay their rent.</p> <p>The Directory of Assisted Multifamily Rental Housing has been compiled to serve as an inventory of subsidized rental housing to middle to low income residents.</p>
<ul style="list-style-type: none"> Housing Choice Voucher (HCV) Program 	<p>Provides federal rent subsidies to people with incomes at or below 50 percent of county median income, adjusted for family size. Effective August 1, 2006, families assisted with an HCV must have adjusted incomes at or below 100 percent of the Federal Poverty Level. Participants find their own housing in private homes and apartment buildings.</p>
<ul style="list-style-type: none"> Property Improvements 	<p>Offers interest rates of 4 percent to 8 percent on loans that can be used to improve homes. The homeowner may add energy conservation improvements, make the home more accessible to a family member with physical disabilities, repair serious hazards to health and safety, and repair damage from a declared natural disaster. Income and loan limits apply. Applications are made through participating lenders and communities.</p>
<ul style="list-style-type: none"> Small-Scale Rental Development Initiative 	<p>MSHDA will consider investing in subsidized secondary loans to community-based, nonprofit housing organizations for small-scale rental development projects (no more than 24 units) where the project will address a clear public purpose and specific community need.</p>
<p>Community-Based Initiatives</p> <ul style="list-style-type: none"> Community Development Block Grants 	<p>The program provides federally-funded grants to smaller communities and counties, enabling them to upgrade homes owned by lower-income people and carry out other housing activities.</p> <p>The CDBG Program is designed to provide eligible local units of government with grants to address economic or downtown infrastructure, economic development planning and unique / innovative project needs.</p>
<ul style="list-style-type: none"> Housing Resource Fund (HRF) 	<p>Awards grants to eligible community-based nonprofit housing organizations and local units of government for a variety of homebuyer, homeowner, and rental housing projects. Projects must address unmet housing needs in community settings or contribute to the revitalization of Michigan's neighborhoods.</p>
<ul style="list-style-type: none"> Neighborhood Preservation Program (NPP) 	<p>Provides a comprehensive approach to neighborhood revitalization that includes funding for housing activities, as well as marketing, demolition, and beautification. Requires a thorough assessment of neighborhood characteristics, and a high capacity applicant, working closely with the residents and other neighborhood stakeholders; most importantly, the local unit of government.</p>

**LONG-TERM CARE
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<ul style="list-style-type: none"> • Shared Housing Options 	<p>Seniors may choose to be placed in the dwellings of homeowners, be matched with college students or young working persons, or share housing with another senior.</p>
<p>Home Owner Options Using Your Home Equity</p>	<p>A person may use their equity in their home to provide a supplemental source of income. This is called a Reverse Mortgage. These are loans designed to help seniors to remain in this home and supplement their retirement income. MSHDA is not currently a partner in this policy, but there is a program available through the U.S. Department of Housing and Urban Development and some lenders in Michigan are participating.</p>
<p>Homebuyer Options</p> <ul style="list-style-type: none"> • Single Family Program 	<p>MSHDA makes low interest mortgage loans available through our network of experienced lenders. Eligible property types are new and existing houses, condominiums, and certain new and used multiple-section mobile homes on permanent foundations.</p> <p>The program offers below-market interest rate loans and seniors may qualify if they are income- and sales price-eligible.</p>
<ul style="list-style-type: none"> • Multiple Family Program 	<p>The Office of Multifamily Development provides direct loans for rental housing (minimum of 24 units). New construction, acquisition and rehabilitation of both federally assisted and conventionally financed rental housing, and the adaptive reuse of existing buildings is eligible. Also provides technical services including design review, construction monitoring, inspection, and environmental review for all MSHDA-funded housing. Modified Pass-through (credit-enhanced) loans are provided through the Office of Legal Affairs. Funding for rental proposals of less than 24 units may be available through the Office of Community Development.</p>
<ul style="list-style-type: none"> • Down Payment Assistance 	<p>There are some instances where seniors on limited incomes may qualify for down payment assistance.</p>
<ul style="list-style-type: none"> • Mortgage Credit 	<p>Offers a federal income tax credit that gives homebuyers more income to qualify for a mortgage and make monthly payments. Each lender sets loan terms and interest rates. Income and purchase price limits apply. Applications are made through participating lenders.</p>
<p>Michigan Rehabilitation Services (MRS)</p>	
	<p>MRS will work with the customer to decide on an employment goal, develop a plan, follow the plan, and reach the goal. The following services may be provided and are free of charge: Disability assessments, vocational evaluations, counseling, job placement services and job follow-up services.</p>

**LONG-TERM CARE
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Office of Services to the Aging (OSA)	
	<p>The Office of Services to the Aging provides for a variety of federal and state-funded community-based and in-home programs to older adults and their caregivers. These programs are designed to help maintain older adults in the least restrictive setting and avoid costly, premature nursing home placement. Service priorities are determined locally through public hearings and needs assessments.</p> <p>Medicaid managed care, Medigap and long-term care insurance products. Some 35,000 calls were handled through the MMAP 800 helpline in FY 2006. Likewise, 18,400 people received individual counseling an average of 1.61 times. MMAP outreach and awareness activities, as well as assistance with prescription drug coverage reached over 3.7 million individuals through more than 1,056 group activities, health exhibits, and media. Future goals include continued work on targeted outreach and education and continued development of long-term care planning specialists within the MMAP counselor ranks</p>
Elder Abuse Programs	<p>The Office of Services to the Aging works in partnership with many organizations to provide training, technical assistance and consulting services aimed at the prevention and treatment of abuse, neglect and exploitation of older individuals. In FY2006 Local programs funded through OSA provided over 5,421 units of service in elder abuse prevention. The Office of Services to the Aging works in partnership with many organizations to provide training, technical assistance and consulting services aimed at the prevention and treatment of abuse, neglect and exploitation of older individuals. In FY 2006, the Office of Services to the Aging contracted with the Michigan Sheriffs' Association/MI Triad to fund 14 “ Keeping Seniors Safe, Sound and Secure” conferences for over 1000 older adults. OSA also finalized work with the Michigan State Police on a federal grant to develop training for law enforcement, adult protective services workers and older adult advocates. Through this grant initiative over 400 law enforcement officers, adult protective service workers and advocates received vulnerable adult abuse training, materials were distributed to all Michigan State Police posts, and the training was recorded to DVD. In FY2007, the final report of the Governor’s Task Force on Elder Abuse will be released identifying key recommendations for improving elder abuse prevention, awareness, investigation, prosecution and victim assistance efforts in Michigan.</p>

LONG-TERM CARE
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Legal Services	Legal assistance in the form of information, advice/counsel, legal education and direct representation is a priority service under Title III, Part B of the Older Americans Act. During FY 2006, Michigan's nine contracted legal service providers provided approximately 40,888 hours of service to more than 13,159 clients. The legal services providers also conducted over 300 community education presentations. The types of cases most frequently dealt with relate to consumer finance and fraud, advance directives and wills/ advance planning, and housing.
Care Management Program	The Care Management Program assists frail elderly at risk of nursing facility placement. The program locates, mobilizes, and manages a variety of home care and other services necessary to support individuals in their desire to maintain independence in their home.
Access Services	Access services are those that permit older persons and their families to gain entry into the array of services available at the local level. Older adults are served through case coordination, support, and transportation.
In-Home Services	Older adults served by this program have functional, physical, or mental characteristics that prevent them from providing the service for themselves, and do not have available or sufficient informal support networks to help meet their service needs. Services include home health, chore services; homemaker services; personal care; and home health aides.
Additional Community-Based Programs	Other supportive services are available to assist older adults at the community level. Programs funded in this category include: counseling (2,302 served), vision services (957), services for the hearing impaired (2,131 served), home repair (365 served), elder abuse prevention (5,584 served) and friendly reassurance (2,006 served).
National Family Caregiver Support Program	<p>Services in this category include: information and assistance; help in accessing services, counseling and support groups; caregiver training; respite; and supplemental services.</p> <p>Area Agencies on Aging are responsible for determining what caregiver services will be available in their respective regions although each is required to establish at least one caregiver focal point in the region. Area Agencies must also budget an amount not less than \$25,000 or 5% (whichever is less), but no more than 10% of the Title III-E allocation to support grandparent and other older relative caregivers.</p>

LONG-TERM CARE
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Office of Services to the Aging (OSA)	
Preventive Services	Eating better, and getting more physical activity is the message being presented to older adults to help them have a higher quality of life. Self-management programs, nutrition education, and other health promotion services/information are provided at multi-purpose senior centers and congregate meal sites, and through home-delivered meal programs.
Senior Citizen Centers	Senior centers provide a variety of services to help maintain senior independence and foster social interaction. Such services include information and assistance, congregate meals, health promotion, exercise programs, legal services and numerous educational/enrichment programs. Local funds available through senior millages and local governments are an integral part of the funding mix. A number of area agencies on aging also provide federal OAA funds to support senior center activities in local communities. There are approximately 500 centers located throughout Michigan.
Michigan Medicare/Medicaid Assistance Program (MMAP) -	Health benefits counseling and assistance services are provided to older adult Medicare and Medicaid beneficiaries, and those on Medicare because of disability, End Stage Renal Disease (ESRD), Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease). Services include information and assistance on a variety of Medicare related items. Counseling situations include Medicare and Medicaid eligibility, medical coverage, enrollments, claims, post-enrollment issues, and grievances and appeals, fraud, abuse and identity theft related to Medicare, Medicaid managed care, Medigap and long-term care insurance products.
Elder Abuse Programs	The OSA works in partnership with many organizations to provide training, technical assistance and consulting services aimed at the prevention and treatment of abuse, neglect and exploitation of older individuals.
Legal Services	Legal assistance in the form of information, advice/counsel, legal education and direct representation is a priority service under Title III, Part B of the Older Americans Act. The legal services providers also conducted over 300 community education presentations. The types of cases most frequently dealt with relate to consumer finance and fraud, advance directives and wills/ advance planning, and housing.
Additional Community-Based Programs	- Other supportive services are available to assist older adults at the community level. Programs funded in this category include: counseling, vision services, services for the hearing impaired, home repair, elder abuse prevention, and friendly reassurance.

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Office of Services to the Aging (OSA)	
Senior Volunteer Services	<p>Senior Volunteer Services provide for a variety of volunteer services for older adults, children and local communities. The Office of Services to the Aging administers three older volunteer programs with state funds. Federal funds also flow into Michigan for volunteer programs through the federal volunteer agency, The Corporation for National and Community Service.</p> <p><u>The Retired and Senior Volunteer Program (RSVP)</u> - This program provides opportunities for people aged 55 and older to serve their communities, explore new interests, and stay active. The Retired and Senior Volunteer Program volunteers serve without payment, but receive transportation assistance, excess auto, accident and liability insurance, training, and recognition. Retired and Senior Volunteer Program services in such areas as tutoring, literacy, public safety, homeland security, healthcare, and economic development are provided through twenty-two local projects in forty Michigan counties.</p>
Employment Assistance	<p>The Senior Community Service Employment Program is authorized under Title V of the federal Older Americans Act. The program provides work experience and skill enhancement through subsidized, part-time assignments at community service agencies. Participants must be aged 55 or older and unemployed with a family income no greater than 125 percent of the established poverty guidelines. Priority is given to veterans and those individuals over the age of 60 with the greatest economic need.</p>
Senior Companion Program	<p>This program offers low-income men and women 60 years of age and older the opportunity to provide individualized care and assistance to other older adults and adults with developmental disabilities, Alzheimer disease, mental illness and/or conditions that make them frail and at-risk. They also support other alternative care services funded by the Office of Services to the Aging such as care management and respite care which allow older adults to remain living in their own home. Senior Companions serve on average 20 hours per week and receive a stipend of \$2.65 per hour.</p>

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<p>Senior Nutrition Program</p>	<p>The Senior Nutrition Program is the mainstay of community-based programs available to the state’s elderly.</p> <p>The congregate program provides at least one hot or other appropriate meal per day, five or more days a week. The home delivered meal portion of the program offers at least one hot, cold, frozen, dried, canned or supplemental food meal per day - five or more days a week - to those unable to participate in the congregate program due to physical or emotional disability.</p> <p>Home-delivered meals, often referred to as “meals on wheels,” are provided to those persons who are unable, due to physical or emotional disabilities, to participate in the congregate nutrition program. Individual assessments of home delivered meal recipients are conducted to determine eligibility for other supportive services.</p> <p>State funds make up 21 percent of the total funding available for Michigan’s congregate and home-delivered senior meal programs with federal funds account for an additional 45 percent. Local funds and senior contributions account for the remaining 34 percent.</p> <p>Senior Project FRESH provides coupons for Michigan grown fruits and vegetables to people who are at least 60 years old and who meet income guidelines of 185% of poverty. Older adults redeem the coupons at farmers’ markets and roadside stands benefiting both Michigan older adults and farmers.</p>
<p>Senior Respite Care</p>	<p>The Senior Respite Care Program allows the state to receive escheat funds from Blue Cross & Blue Shield of Michigan. Funds are distributed to Area Agencies on Aging annually, each receiving a minimum of \$25,000, if available. Funds remaining over the minimum allocation are distributed by the interstate funding formula.</p> <p>Respite care programs allow family caregivers a break in their caregiving responsibilities, often extending the family’s ability to provide care. They provide supervision, socialization and assistance to persons with cognitive or physical impairments during the absence of the caregiver. Respite can be provided in-home (the provider comes to the consumer’s house) or in the community (the consumer attends an adult day care program). Funds may also provide respite to grandparents raising their grandchildren.</p>

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Foster Grandparent Program	This program provides opportunities for low-income men and women 60 years of age and older to assist children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, community programs, and private homes. Foster Grandparents are involved in mentoring and tutoring, they offer emotional support to child victims of abuse and neglect, and they care for premature infants and children with physical disabilities and severe illness. Foster Grandparents serve on average 20 hours per week and receive an hourly stipend of \$2.65, which allows them to purchase groceries and other basic necessities, without which many of these older persons would be more dependent upon government-supported services.
State Long Term Care Ombudsman Program".	This program provides advocacy services designed to protect the rights; health, safety and welfare of the estimated 97,000 residents of Michigan's licensed long term care facilities. Older adults and their family members are helped through services designed to assist with placement decisions and complaint investigation and resolution. In FY 2006 state and local Ombudsman staff handled over 2,811 formal complaints, made 860 non-complaint related visits to residential facilities, and provided consultation and technical assistance to over 5,018 staff and lay persons, and presented 322 community education sessions. Future goals include expansion of the volunteer program, additional staff and volunteer training, and development of web-based and electronic materials for consumers.
Michigan Department of Community Health (DCH)	
Mental Health and Substance Abuse Services	Hospital, center, and forensic mental health services; community mental health services (program development, consultation, and contracts); quality management and planning (performance measurement and evaluation; quality assurance); consumer relations; specialty managed care; community living and long-term care planning (housing; OBRA/PASARR); consumer-directed home and community-based services (federal grants); mental health services to children and families (programs for children with serious emotional disturbance, child federal block grants, children's waiver, family subsidy)

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Michigan Department of Community Health (DCH)	
Office of Long-Term Care Supports and Services (OLTCSS)	<p>The Office duties include improving quality by consolidating fragmented pieces of LTC and defining and establishing broader accountability across the LTC array of supports and services; administration of activities to implement the recommendations of the LTC Taskforce; coordination of state planning for LTC supports and services; review and approval of LTC policy formulated by state departments and agencies for adoption or implementation; conducting efficiency, effectiveness and quality assurance review of publicly-funded LTC programs; identifying and recommending opportunities to increase consumer supports and services, organizational efficiency, and cost effectiveness within Michigan's LTC system. Further, the Office will prepare an annual report on the progress of implementing the recommendations of the Medicaid Long-Term Care Task Force and implement the Single Points of Entry demonstration project. The Office also administers grants to improve the effectiveness of LTC support systems. These grants focus on supporting consumer participation, choice and control so that consumers may live out their later years in the community.</p>
Single Point of Entry (SPE) (Michigan's LTC Connections)	<p>The SPE is designed to be a highly-visible and trusted source of information and assistance about LTC, aiding Michigan citizens with planning and access to needed services and supports, in accordance with their preferences. Program objectives include providing comprehensive information and referral, long term support options counseling, benefits counseling, crisis intervention and stabilization. In addition, the SPE will facilitate person centered planning and functional and financial eligibility determination. The SPE's will serve as the access point for all Medicaid funded long-term care, elderly and disabled consumers. The SPE is currently available in four demonstration areas: Detroit, Western Michigan, Southwest Michigan and the Upper Peninsula.</p> <p>Information on program effectiveness is not yet available as this program is a demonstration project and actual implementation of SPE core functions will be phased in over time. Plans for contracting with an independent evaluator to assist in analysis of implementation and outcome issues are currently being developed by MDCH. Information and Assistance functions were implemented beginning October 1, 2006. Long term care options counseling functions are scheduled to be established and initiated by January 2007.</p>
Michigan Developmental Disabilities Council (DD Council)	<p>Planning and public information; monitoring of what?; planning, advocacy and resource development</p>

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Michigan Department of Community Health (DCH)	
Health Policy, Planning, and Access	Access to care; Certificate of Need; health care workforce issues; health professions (investigation, complaint and allegation, licensing);
Health Policy, Regulation, and Professions	Health systems (monitoring, licensing, regulation and certification for nursing homes, county medical care facilities, hospitals, operations, and health facilities evaluation) and health professions (therapists, dentist, nurse, doctor, certified nursing assistant, etc)
Medical Services Administration (MSA)	<p>The MSA administers the Medicaid program providing health care services to the eligible indigent population in Michigan. Those eligible for Medicaid are families enrolled in the Family Independence Program (FIP), other low-income families (non-FIP), Supplemental Security Income (SSI) recipients, pregnant women, children, elderly, disabled and blind. Also eligible are the medically needy, who except for income, would qualify for FIP, SSI benefits or regular Medicaid.</p> <p>Medicaid pays the Medicare premiums, deductibles, and coinsurance for Qualified Medicare Beneficiaries; Medicare Part B premiums only for Specified Low Income Beneficiaries; and the additional cost of adding home health services to Medicare for Part B for Additional Low Income Medicare Beneficiaries.</p> <p>The Medical Services Administration administers several other programs that are funded by federal, state and/or local funds. This includes the Adult Benefits Waiver, MICHild, Maternal Outpatient Medical Services (MOMS), and TMA-Plus. TMA-Plus is funded by state funds and premiums paid by the beneficiaries.</p> <p>Among the major services that Medicaid covers are hospital, physician, pharmacy, laboratory, mental health, durable medical equipment, dental, ambulance, hearing aids, home health, speech/physical/occupational therapy and vision. The majority of the Medicaid Program's beneficiaries receive their medical care services from capitated managed care organizations contracted with the state.</p>

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Michigan Department of Community Health (DCH)

Adults Benefit Waiver
(ABW)

The Adult Benefits Waiver program provides limited health coverage to healthy adults between 19 and 64 years of age with incomes at or below 35% of the federal poverty level, who have no other comprehensive health insurance. Covered services include pharmacy, emergency room services, limited physician services, and mental health and substance abuse services. ABW beneficiaries who reside in counties with county health plans are automatically enrolled and covered by the county plan and persons residing in counties with no county health plan are covered through fee-for service. Currently, 26 county health plans administer the ABW program in 72 counties. ABW in the remaining 11 counties is administered through a fee-for-service program. County health plans cover approximately 76% of all ABW enrollees.

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Name	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
Hospital Services	Mandatory	All	Diagnosis related group ¹
Nursing Facility	Mandatory for beneficiaries 21 and over	All	Prospective; per diem that is retrospectively cost settled.
Home Health Services Hospice	Non-Mandatory	All	Base rate determined by HCFA; state then applies wage indices.
Private Duty Nursing	Non-Mandatory	Under 21 years	Lesser of charge or established maximum payment amount.
Home Health	Mandatory for beneficiaries 21 and over for nursing, aides and supplies. Therapies are non-mandatory.	All	Lesser of charge or established maximum payment amount.
Hospital LTC Units and County Medical Care Facilities County MCF Inpatient Medical Care Facility	Mandatory for beneficiaries age 21 and over	All	Prospective
Hospital LTC	Mandatory for beneficiaries age 21 and over	All	Prospective
County MCF Outpatient Medical Care Units	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
Swing Beds	Mandatory for beneficiaries age 21 and over	All	All-inclusive rate set prospectively.
Non-Emergency Medical Transportation Through the Local Department of Human Services	State must assure availability and may claim federal match as an administrative cost	All	Payment determined by local DHS office staff or health plan based on established guidelines.
Insurance Assistance for Persons with AIDS - State funded program to pay insurance premiums under COBRA for persons who, because of AIDS related disease, are unable to continue working and thus may lose health insurance	Not a Federal program 100% state funded	All	Insurance premium paid directly to Health Insurance Company on person=s behalf.
Personal Care Services-- Home Help In-home assistance with activities of daily living (e.g., eating, bathing, dressing, transferring, grooming), and other duties including meal preparation, shopping, light housekeeping, etc.	Non-Mandatory	All	Lesser of charge or established maximum payment amount.
Medicare Premiums Medicare Part A and B Premiums <ul style="list-style-type: none"> • Qualified Medicare Beneficiaries (QMB) • Additional Low-Income Medicare Beneficiaries (ALMB) • Specified Low Income Medicare Beneficiaries (SLMB) • Qualified Disabled Working Individuals (QDWI). 	Mandatory Some non-mandatory	All	Monthly premium or a yearly check for those whose income is 135-175% of poverty.

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Name	Federal Definition of Mandatory or Non-Mandatory	Ages Covered	Reimbursement Methodology
Dental services	Optional		
Prescription drugs	Optional		
Physician services	Mandatory		
PT, OT, ST	???		
Assisted Living	Optional		

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SPECIAL MEDICAID PROGRAMS and Michigan Waivers

Program Name	Target Population	Billing Method
Ventilator Dependent Units All necessary skilled nursing, respiratory, medical care and social care as provided by the facility.	Beneficiaries who are ventilator dependent for 12-16 hours a day in nursing and respiratory care qualified hospital LTC or nursing home Ventilator Dependent Unit.	MSA-contracted per diem rate paid when claim submitted.
Adult Case Management Home Care (Established 1984) Not a waiver program In addition to regular Medicaid coverage, home health services, personal care, therapies, and durable medical equipment. Services and care are authorized for medical necessity by the MSA.	Beneficiaries age 18 and over, with severe disability, complex care needs or catastrophic illness. This benefit allows Medicaid to provide exceptional services in a home setting.	Bill accounts by category. Home Health agency submits bill with authorization letter from DCH/MSA attached.
Home and Community-Based Children's Waiver (1915c) In addition to regular Medicaid coverage, didactic services, qualified mental retardation professional, mental health aide, behavioral treatment, habilitation skill training, respite, enhanced equipment/medical supplies, environmental modifications.	Developmentally disabled beneficiaries, age 18 and under, who otherwise would require institutional care in an ICF for the Mentally Retarded. Some children may be grand fathered in up to age 26.	Bill accounts by category. Waiver services billed using provider type 21 (CMH).
Home and Community-Based Services Habilitation/Supports Waiver (1915c operated in combination with 1915b waiver) In addition to regular Medicaid coverage, nonvocational, prevocational, and supported employment services; respite; habilitation education; private duty nursing; enhanced medical equipment, supplies, pharmacy and dental services, environmental modification, family training, community living supports, personal emergency response systems, supports coordination.	Developmentally disabled beneficiaries of all ages who would otherwise require institutional care in an ICF for the mentally retarded.	Bill accounts by category. Waiver services paid out of mental health/substance abuse accounts. Payment amount established actuarially based on eligibility category, sex, age (capitation rate).
Traumatic Brain Injury Rehabilitation Program (TBI) Not a waiver program. Physical and occupational therapy, physician services, cognitive rehabilitation, hearing and speech services, social work, substance abuse treatment, behavioral and psychological services, rehabilitation aide, life skill instruction.	Beneficiaries incurring traumatic brain injury in the past 15 months (or significant change in 3 months) who are medically stable and have a documented need for specialized rehabilitation.	The TBI rate is established as part of the prior authorization (PA). A claim submitted with a PA number generates the correct payment.
MIChoice Home and Community Based Waiver Services for the Elderly and Disabled (1915c) In addition to regular Medicaid coverage, respite, home delivered meals, private duty nursing, personal care, personal care supervision, homemaker, transportation, adult day care, enhanced medical equipment and supplies, environmental modification, personal emergency response systems, chore, counseling, training, and nursing facility transition services.	Aged and physically disabled beneficiaries aged 18 and over whom, but for the provision of waiver services, would otherwise require the level of care provided in a nursing facility.	Bill accounts by category. Waiver services billed using provider type 77.
Memo of Understanding (MOU) Facilities Not a waiver program	Hospitalized beneficiaries admitted to, or in a nursing facility, who have complicated medical problems requiring extensive treatment, supplies and personnel in order to meet identified needs.	The MOU rate is established as part of the prior authorization (PA). A claim submitted with a PA number generates the correct payment.